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President: The Hon. Julian R. Hunte ..... (Saint Lucia)

The meeting was called to order at 3 p.m.

Agenda item 47 ***(continued)***

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level plenary meetings devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/58/184)

The President: I give the floor to His Excellency Mr. Colin Powell, Secretary of State of the United States of America.

Mr. Powell (United States of America): The United States Health and Human Services Secretary, Tommy Thompson, and I are pleased to join in this high-level plenary and to reaffirm President Bush's abiding commitment to the global fight against HIV/AIDS.

President Bush believes strongly that the advance of freedom and hope is challenged by the spread of AIDS, and all who join in the worldwide campaign against AIDS serve on the front lines of freedom and hope.

Two years ago, our heads of State and Government assembled here for a special session on the global HIV/AIDS crisis. We solemnly adopted a comprehensive Declaration of Commitment that could help turn the pandemic around. In the two years since that special session, 6 million more people have died of AIDS, and 10 million more have been infected with the HIV virus that causes AIDS. In all, 42 million people now live with the disease, and tens of millions are at risk — high risk — of infection.

Most of those infected are between the ages of 15 and 24, and nearly half of them are women. As so many here have done, I, too, have looked into the eyes of young mothers terminally ill with AIDS – mothers who fear their children's uncertain future more than they fear their own certain death. The mothers make memory books so that their children will have something to touch and hold and remind them that once upon a time there was someone who loved them.

AIDS has left 15 million orphans, and, unless we stem the tide, that number will swell to 25 million by the end of this decade. The vast majority of those children are likely to live without emotional support, without the barest of physical necessities, and without any prospects for the future. Unless we act effectively, these precious children are likely to perish in the same cycle of disease, destitution, despair and death that took the lives of their parents.

The appalling statistics do not begin to describe the magnitude of the destruction wrought by AIDS. AIDS is more devastating than any terrorist attack, any conflict or any weapon of mass destruction. It kills indiscriminately and without mercy. As cruel as any

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tyrant, the virus can crush the human spirit. It is an insidious and relentless foe. AIDS shatters families, tears the fabric of societies and undermines Governments. AIDS can destroy countries and destabilize entire regions.

Two years after the United Nations special session, AIDS continues to present all of us with profound moral, political, economic and security challenges. Two years after the adoption of our Declaration of Commitment, the international community continues to face an AIDS crisis of global proportions.

Our task remains enormous, yet important progress has been made. Only two years ago, the Global Fund to Fight AIDS, Tuberculosis and Malaria was still just an idea endorsed by President Bush and Secretary-General Annan. Today it is a reality. Two years ago President Bush pledged the founding $200 million for the Global Fund. Our pledge has risen to $1.6 billion, out of the total of $4.7 billion in pledges made to date worldwide. The United States proudly remains the largest single contributor to the Fund.

New contributions to the Fund are coming in from around the globe, and grants have been approved to more than 90 countries. The Fund is already helping to deliver lifesaving treatments and to prevent new infections. This month the members of the World Trade Organization agreed on a framework for implementing the Doha Declaration on Trade-related Aspects of Intellectual Property Rights (TRIPs) and on public health. This will give poor countries greater access to low-cost, high-quality medicines that are needed to treat diseases such as HIV/AIDS.

At the same time, the vital incentives for research into the next generation of treatments will be preserved. Since the special session two years ago, we have also seen a change in attitudes. Like all great evils, AIDS feeds on ignorance and fear. When people lack knowledge of how infection can be prevented, and when those infected are stigmatized and driven into the shadows, the virus thrives and hope withers.

More and more public figures are speaking out, shattering the silence that kills. They are sending the message that people living with AIDS should not be treated with cruelty and discrimination, but, instead, with dignity and with compassion.

Indeed, the Declaration of Commitment has given all of us ideas that have helped to focus our efforts. We must keep pressing forward to achieve the Declaration's targets. I urge the General Assembly to adopt a resolution reaffirming the need for all nations to reach the goals outlined in the Declaration, starting with the targets for the year 2003.

For our part, the United States will remain at the forefront of the worldwide effort to combat AIDS. As President Bush has said, in the face of preventable death and suffering, we have a moral duty to act, and we are acting. The United State remains the largest donor of bilateral HIV/AIDS assistance, providing almost half of all international HIV/AIDS funding in 2002. We have bilateral programmes in more than 75 countries. In January, President Bush announced his $15 billion five-year emergency plan for HIV/AIDS relief. In May, it was signed into law with overwhelming congressional support. We are very proud of this plan, the largest single commitment of funds in history for an international public health initiative on a specific disease.

The President has asked Congress for over $2 billion in 2004, and under the plan we would steadily increase our annual expenditures over the next four years. The plan will continue our broad bilateral programmes, while focusing on 14 of the most affected countries in Africa and the Caribbean. The plan will treat 2 million people living with HIV/AIDS with antiretroviral drugs, and it will care for 10 million HIV-infected individuals and AIDS orphans. My country continues to be the largest donor to UNAIDS. We will be issuing another grant for $100 million.

We are doing everything we can to support the Declaration of Commitment. As the Declaration so strongly underscores, Governments alone cannot begin to address the global AIDS crisis. We must make the private sector an integral part of our efforts. That is why President Bush deliberately made partnership with the private sector a key element of our emergency plan for AIDS relief.

In the worldwide fight against AIDS, every nation, large or small, developed or developing, must be a leader and a partner. In the fight against AIDS, all countries have a strong and committed ally in the United States of America. Together, we can help break the vicious cycle of this devastating disease. May this high level plenary strengthen our resolve to fulfil the

Declaration of Commitment we made two years ago. May we work together to replace ignorance with information, shame with support and despair with dreams for a brighter future. All of God's children deserve to live in dignity and in safety, in health and in hope. By working in partnership against AIDS, we can ensure that millions of children have their mothers, and not just scrapbooks to remember them by.

The President: I now give the floor to His Excellency Mr. Kamal Kharrazi, Minister for Foreign Affairs of the Islamic Republic of Iran.

Mr. Kharrazi (Islamic Republic of Iran): The spread of HIV/AIDS has created a global epidemic far more extensive than was predicted even a decade ago. It has now become a major socioeconomic and psychological crisis, affecting all aspects of human life. The rate of infection is increasing dramatically, and the projection of its growth in Asia is much higher than in the other continents.

In the Islamic Republic of Iran social traditions and religious beliefs have prevented HIV/AIDS from growing in a widespread manner. The cumulative figure of 4,846 reported HIV/AIDS cases was reached by the end of 2002. The number of people living with HIV/AIDS by the end of 2002 was estimated at around 20,000. Among the reported cases, drug use by injection represents the most prevalent mode of transmission.

The Government of the Islamic Republic of Iran has taken several steps toward the implementation of the Declaration of Commitment. The National HIV/AIDS Control Programme has been prepared and a high-level commission consisting of a number of Government ministers and other Cabinet members monitors the implementation of this Programme. In addition, there is a National HIV/AIDS Control Committee, with the participation of all relevant stakeholders of the public and private sectors, as well as one person living with HIV. Similar structures exist at the provincial level under the responsibility of governors.

Care and support services to infected persons, including medical outpatient treatment in "triangular" clinics and in-patient therapy and counselling, are provided free of charge, mostly through Government support and subsidies. Furthermore, voluntary counselling and testing facilities have been established in around 20 provinces and in 21 prisons with high prevalence.

Despite all those efforts, the care and treatment of all persons in need require more financial and technical assistance.

Mr. Zanf (Islamic Republic of Iran), Vice President, took the Chair.

It goes without saying that the care and treatment of the already infected, as well as prevention, are imperative and, therefore, should be vigorously pursued. However, as stated in the Declaration of Commitment, the role of cultural, family, ethical and religious factors and their significant role in the prevention of the epidemic and its treatment, care and support are of central importance to our collective efforts to fight HIV/AIDS. Therefore, the elements of moral choice, responsible sexual behaviour and the promotion and protection of family values, as well as combating pervasive poverty, need to be re-emphasized. Furthermore, we agree with the recommendations of the Secretary-General on funding, capacity-building and giving specific attention to women and girls.

However, the issue of the affordability and access to safe and effective drugs in the international market is important, which the report has emphasized.

In conclusion, it is the continued responsibility of the international community to advance implementation of the Declaration by assisting developing countries to fight HIV/AIDS.

The Acting President: I call on His Excellency Mr. Achmad Suyudi, Minister of Health and Social Welfare of Indonesia.

Mr. Suyudi (Indonesia): I would like, first of all, to congratulate you, Sir, on your election as President of this historic meeting. It attests to the esteem in which the international community holds you and your country.

As the challenges of HIV/AIDS continue to seize the global community, the convening of this high-level plenary meeting and its interactive roundtable is undeniably pertinent. The forum provides us with an opportunity not only to reaffirm our commitments to combat the epidemic, but also to exchange lessons learned and best practices drawn from national

experiences in implementing the 2001 Declaration of Commitment on HIV/AIDS.

While it is true that strong efforts are being made to combat the disease and restrict its spread, the grim reality presented by the ever-increasing statistics suggests that the war is far from over. Current efforts to combat the disease have also been hampered by the continuing gap between the availability of resources and the demand for effective and prompt implementation of the AIDS commitments.

Enhanced facilitation through the leadership of the United Nations is crucial, especially for developing countries, in areas of technical cooperation and capacity-building programmes; the reduction of the debt burden of poor countries, in order to boost the AIDS response in those countries; and the flexible implementation of the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS), in order to enable the least developed countries to provide cheap generic drugs to their AIDS victims.

The recent HIV situation in Indonesia is alarming, and the number of AIDS cases has increased ten-fold in the past five years. The country has been able to treat just over 300 AIDS cases with antiretroviral drugs. We are committed to the goal adopted at the General Assembly special session of providing all HIV-infected persons with access to affordable drugs, including antiretroviral treatment. It will be a huge task for developing countries unless the right of access to affordable and cheap generic drugs is assured.

We thank the Assembly very much for the Global Fund to Fight AIDS, Tuberculosis and Malaria, set up in 2001. With its annual target of $10.5 billion, the Fund is an exemplary initiative allowing developing countries to implement their HIV prevention and care programmes. However, resource mobilization remains critical. The quick outcome and release of funds at the third-round of the Global Fund are crucial to sustaining this momentum.

May I briefly share some information about follow-up to the General Assembly special session in Indonesia? Indonesia has already submitted to the Secretary-General its 2003 progress report on special session commitments. The principle achievements reported are the Combined Policy Index of 65 per cent as well as an overall Government expenditure of $3.25 million in 2002 and $5.6 million in 2003. International donors are providing an estimated $16.5 million in 2003.

A special cabinet meeting endorsed a range of technical strategies and guidelines consistent with the Declaration of Commitment adopted at the special session, giving priority to HIV/AIDS in annual development planning, mainstreaming HIV/AIDS into the planning of all involved ministries and establishing strong partnerships with civil society, which is viewed as a vital ally in this policy. Greater involvement of people living with AIDS is consistent with Indonesia's participation in the Paris Summit in 1994.

While the new strategy clearly identifies prevention as the mainstay of Indonesia's programme, it also stresses the urgent need to step up efforts to provide treatment, care and support of those already infected with the virus.

Indonesia has coordinated a multipartner effort with international and domestic organizations to meet the special session targets. However, monitoring the impact of AIDS and the programmes to confront it is critical to sustaining successful programmes, to demonstrating the value added of the increased resources being invested to fight AIDS and to continuing activities to raise funds. The United Nations must play a key role, in the spirit of multilateralism, and use its unique position to help ensure that countries are able to programme resources in an efficient and transparent manner, that objective monitoring and evaluation is undertaken, that data is collected and used in policy debate and that the results of this work are used to adjust programmes and mobilize further resources. Further support from the United Nations will be needed to help with the efficient implementation of programmes.

The increasing number of partners and actors becoming involved with AIDS at the country level is appropriate and welcome.

In conclusion, the General Assembly special session process and Declaration of Commitment have had a significant impact on leadership and policy development in Indonesia. The Declaration is indeed a blueprint for action.

The Acting President: I give the floor to His Excellency Mr. Khurshid Kasuri, the Minister for Foreign Affairs of Pakistan.

Mr. Kasuri (Pakistan): Two years ago, at the twenty-sixth special session of the General Assembly, we adopted the Declaration of Commitment on HIV/AIDS. Some of the Declaration's time-bound commitments were due to be met in 2003. It is therefore appropriate to evaluate the level of their implementation. The statistics, unfortunately, present a grim picture. About 10 million people have been infected with the HIV/AIDS virus in the past two years. Another 6 million have died due to the pandemic. Since its outbreak in 1980s, more than 26 million people have perished, and many more are on the verge of extinction.

Around 90 per cent of AIDS victims live in developing countries, with its prevalence aggravated by hunger, disease, illiteracy and underdevelopment. AIDS has not only brought development in affected countries to a grinding halt but has in fact reversed the achievements of several decades. Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. This needs the active and determined cooperation of the international community, particularly of the developed countries, to create an enabling international economic environment through enhanced debt relief, market access and official development assistance.

The establishment of the Global Fund to Fight Aids, Tuberculosis and Malaria was indeed a global response to a global crisis. As a partnership between Governments, civil society, the private sector and the affected communities, the Global Fund represents a new approach to international health financing. Pakistan is privileged to be on the Board of Governors of the Fund.

Against a projected requirement of $7 billion by 2007, the international donors have pledged $4.7 billion. However, the amount actually received so far has not exceeded $1.5 billion. Unless sustained with the requisite resources, the Fund will fail to meet its objectives. We urge the donor community to allocate additional resources for the Fund.

Having played havoc in Africa, Latin America and East Asia, HIV/AIDS is threatening our region, South Asia, with equally devastating effect. Fortunately, the situation in Pakistan is not alarming. While the numbers of reported and estimated cases in Pakistan are still relatively low, patterns of behaviour that may contribute to an epidemic spread of the infection are pervasive. There is therefore no room for complacency.

Conscious of that, the Government of Pakistan has taken several steps to translate the commitments made at the special session into action. The Government of Pakistan is currently providing 75 per cent of the total resources allocated for HIV/AIDS prevention in Pakistan. Our main emphasis is on increasing mass awareness, reducing discrimination against HIV/AIDS victims and providing free AIDS screening kits and voluntary counselling services. Civil society is supporting the Government's efforts and several national and international non-governmental organizations are fully involved in this campaign. We encourage their increased involvement.

The national AIDS control programme has been integrated into the social action programme projects with a budget of around 900 million rupees. The enhanced HIV/AIDS prevention programme, being implemented at a cost of about 3.6 billion rupees, is aimed at controlling HIV/AIDS in vulnerable populations and the general public. Currently, the Ministry of Health is in the process of developing an enhanced HIV/AIDS Control Programme for 2002-2007, with assistance of the World Bank, at a cost of 2.2 billion rupees. The salient features of the programme are as follows.

First is the development of the national guidelines for treatment of HIV/AIDS, including treatment with antiretroviral drugs, along with a training manual on the treatment modalities and regimens.

Second is the promulgation in October 2002 of the blood transfusion ordinance, which requires mandatory screening of all transfused blood and registration of blood banks in the country to prevent transmission of HIV through blood transfusion and blood products.

Third is the delivery of a defined package of services to vulnerable groups. Service delivery includes primary health care; ensuring access to adequate information and education; prevention and treatment of sexually transmitted infections; skill development; and the provision of voluntary counselling and testing facilities.

Fourth are research activities such as the mapping and social assessment of vulnerable groups; impact assessment and external review studies; the assessment

of blood transfusion services; and human resource development in areas related to HIV/AIDS, such as clinical management, counselling, health, education, communication and universal laboratory precautions.

We are aware of the need to take adequate preventive steps in order to prevent the epidemic from spreading and devastating people's lives. We have put the building blocks of a strong prevention programme in place. We are ready to accelerate and expand our efforts in concert with the international community to cope with the scourge of HIV/AIDS.

The Acting President: I give the floor to Her Excellency Ms. Libertina Amathila, Minister of Health and Social Services of the Republic of Namibia.

Ms. Amathila (Namibia): Two years ago, the Assembly adopted the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). Today, Namibia welcomes the Secretary-General's progress report on the implementation of that Declaration (A/58/184). The report indicates how Member States are responding to the challenges posed by the HIV/AIDS pandemic; it also highlights areas that require increased attention.

The Government of Namibia provides leadership in HIV/AIDS prevention and control. Ever since the launching of the second medium-term plan on HIV/AIDS in 1999, the President of Namibia and cabinet ministers continue to be at the forefront in the fight against this epidemic. In June this year, the Prime Minister convened a special meeting of cabinet ministers on HIV/AIDS to evaluate the status of our national response and to map out new strategies. In July this year, the Prime Minister launched the Namibia Business Coalition on HIV/AIDS, which further strengthens the response of the private sector.

Prevention remains the mainstay of our expanded national response. We have set specific targets under the Second National Development Plan and under Namibia Vision 2030. We have established programmes for the general public, in particular for women and youth. We have also established workplace programmes in many sectors. Information on preventive measures is made available in all local languages. As a result, we are beginning to see stabilization and even reduction in the HIV infection rate, especially among youth. Last year, we established a programme for the prevention of mother-to-child transmission. That programme also provides for free treatment of both parents, thereby preventing early orphanhood.

Namibia subscribes to the principle that care, support and treatment are fundamental elements of an effective response. The Government of Namibia has committed itself to providing quality comprehensive treatment and care to its citizens. That includes the use of antiretroviral medicines. In May this year, I launched the National Guidelines for Antiretroviral Therapy. Since then, my Ministry has trained medical practitioners from both the public and private sectors on the use of those guidelines. The Government fully covers the cost of antiretroviral medicines for members of the Public Service Employees Medical Aid Scheme and for their dependents. Some private companies fully or partially cover the cost of antiretroviral therapy. Faith-based institutions have also taken concrete steps; recently, one church hospital started antiretroviral therapy.

The Constitution of the Republic of Namibia includes a Bill of fundamental Rights. People living with AIDS enjoy the same protection provided by the Constitution. In addition, the Government has enacted a law — the National Code on HIV/AIDS and Employment — which prohibits discrimination on the basis of an individual's HIV status.

The laws of the country provide for assistance to orphans and other vulnerable children, who are assisted financially as well as with education. Additional measures have also been taken, including the establishment of a special fund for orphans and other vulnerable children.

The facts about HIV/AIDS are known. The tools to arrest the further spread of infection are available, but the resources to do so are inadequate. The challenges of HIV/AIDS can be met with the provision of new, additional and sustained resources. We therefore applaud the establishment of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. We also welcome the initiative by President Bush to help fight HIV/AIDS in Africa, and we appreciate the contribution by our development partners.

In conclusion, the Government of Namibia remains firmly committed to the fight against HIV/AIDS. We shall ensure that the recommendations contained in the Secretary-General's report are taken on board in our third medium-term plan, which is currently being formulated.

The Acting President: I give the floor to His Excellency Mr. Manuel Dayrit, Minister of Health of the Philippines.

Mr. Dayrit (Philippines): I am honoured to address this meeting of Member States of the United Nations as we strengthen our resolve to take action against the scourge of HIV/AIDS.

Fortunately, the Philippines has so far succeeded in keeping the country's HIV prevalence low. At present, there are an estimated 10,000 cases of AIDS in the country, and every year about 100 cases are reported in the AIDS registry. Yearly surveillance activities have constantly shown a prevalence rate among our commercial sex workers of 1 per cent or below.

Early recognition, in 1987, of the threat of HIV infection galvanized an early response. An enlightened national law on AIDS prevention and control was adopted in 1998. However, to this day, risks remain high owing to a significant number of people engaged in commercial sex and practising high-risk sexual behaviour.

The Philippine National AIDS Council provides the framework for a nationwide education and information strategy through schools, health centres and the workplace. For our migrant worker population — a group known to practice high-risk behaviour — we have been conducting pre-departure orientation seminars to inform its members of the hazards of HIV/AIDS.

To date, the Philippine Government's policy on HIV/AIDS prevention and control has proved to be effective. The Philippine AIDS Prevention and Control Act of 1998 provides a legal framework for the national response to HIV/AIDS that is consistent with international best practice. The real challenge is to make that policy continue to work effectively in the face of growing challenges.

We are also cooperating with other Governments in our region with regard to migrant populations by addressing the various stages of the migration process — from origin to transit, destination and return. In that regard, together with our partners in the Association of South-East Asian Nations (ASEAN), we adopted the Seventh ASEAN Summit Declaration on HIV/AIDS in 2001. We are also fully committed to the ASEAN five-year work plan on HIV/AIDS for mobile populations, including overseas Filipino workers, seafarers, truck drivers, migrant workers and intravenous drug users.

We are acutely aware that our country's low prevalence situation must spur us to strive for even more effective preventive efforts, as well as to care for those already infected. We affirm our commitment to, and express our solidarity with, all countries in strengthening the political resolve to combat HIV/AIDS.

We join the call to mobilize Government and private-sector resources to respond to the needs of the millions who suffer from HIV/AIDS, 95 per cent of whom live below the poverty line. While there has already been a substantial increase in the resources to fight the diseases, more is needed if we are to succeed in halting the spread of infection.

We commend the Global Fund to Fight AIDS, Tuberculosis and Malaria for its work in supporting HIV/AIDS control efforts in many countries.

We join the call for all States to strengthen their capacity to combat the disease, safeguard their respective populations and care for the affected. Capacity-building is crucial at all stages of national AIDS programmes: planning, development, implementation, monitoring and evaluation.

The time has come for all of us to intensify the global will to fulfil the commitments made at the special session of the General Assembly on HIV/AIDS in June 2001 by taking the required measures and committing the necessary resources to enhance the global struggle against the pandemic.

The world looks towards us with great expectations — particularly the nations in sub-Saharan Africa, which have been gravely affected by HIV/AIDS, and those in Asia, where the epidemic is poised to wreak even greater havoc if aggressive preventive measures are not undertaken.

By strengthening political support, mobilizing resources in our respective countries and working in partnership with international organizations, civil society and the private sector, we should eventually defeat this deadly scourge.

The Acting President: I now have the pleasure of calling on a former President of the General Assembly, His Excellency The Honourable Samuel

Rudolf Insanally, Minister for Foreign Affairs of Guyana.

Mr. Insanally (Guyana): The countries of the Caribbean, including Guyana, are pleased and proud to see a native son of Saint Lucia presiding over the General Assembly at its fifty-eighth session and, particularly, over this high-level meeting on HIV/AIDS. We offer the President our warmest congratulations and good wishes. As has been noted, our region has recorded a rate of HIV/AIDS infection second only to Africa. Such is the magnitude of the pandemic that we stand to lose a high percentage of our youth and, consequently, of the human resources needed for our future growth and development.

It is of some comfort to note that since the special session of the General Assembly in June 2001, several significant additions have been made to the world's arsenal of tools and resources to fight against the pandemic. We especially welcome the establishment of the Global Fund, which, it is hoped, will make it possible for developing countries like ours to mount a more effective campaign against HIV/AIDS. We are disappointed, however, that the Fund has not yet been able to reach its financial targets and that many countries that have been approved for funding have yet to receive disbursements.

We also note with satisfaction the Bush emergency plan for AIDS relief, which has been introduced by the United States and will make available $15 billion to fight against HIV/AIDS, including a major effort in the prevention of the mother-to-child transmission of the disease. Guyana counts itself fortunate to have been identified as one of the 14 priority countries for that initiative.

Among the daunting challenges that developing countries like Guyana face are overwhelming poverty, suffocating debt burdens and debt-servicing obligations. The Heavily Indebted Poor Countries Initiative and poverty reduction strategy programmes have gone some way towards providing relief. Yet the relief processes need to be accelerated and made less restrictive, so as to allow countries like Guyana to invest in poverty-reduction programmes and build social services. These macro-development issues are at the very heart of our ability to provide effective responses to the HIV/AIDS crisis.

We have also been encouraged by the significant reduction in the cost of antiretroviral drugs and by the acceptance of the usefulness of generic drugs in the fight against HIV/AIDS. We must remain steadfast in our commitment to ensure that every person living with HIV/AIDS, regardless of where that person lives, is able to access effective treatment and care. We must also accelerate our efforts to make voluntary counselling and testing available to every citizen who wishes to have them.

While financial resources are critical, human resources also play an important role in the response to HIV/AIDS. Guyana is now facing a major constraint in retaining its highly-trained medical personnel, especially qualified nurses. Several developed countries continue to aggressively rob us of our medical personnel, especially nurses, recruiting them by offering salaries and working conditions that are far beyond our ability to match. This problem needs to be resolved through international cooperation so as to minimize the devastating impact of the migration of skills from developing countries. At the very least, financial programmes to assist us to expand our training programmes must be explored.

The world should not underestimate the magnitude of the HIV/AIDS pandemic. One only has to read the daily death announcements in some of our countries to realize that the victims being claimed by the disease are mainly the young — men, women and children who have been robbed of the opportunities that life may have had to offer them. Unfortunately, because of the stigma that is attached to it, HIV/AIDS is very much a silent killer. Despite our best efforts, there still appears to be a general reluctance to talk about the disease and its consequences, as if silence would rid us of the plague. This high-level meeting must therefore mount a collective assault to break down this barrier of silence so that this dreaded scourge can be fully understood and effectively addressed.

The Acting President: I give the floor to His Excellency Mr. Mohamed Benaissa, Minister for Foreign Affairs of Morocco.

Mr. Benaissa (Morocco) *(spoke in Arabic)*: I should like at the outset to join previous speakers in welcoming the convening of this very important high-level meeting on HIV/AIDS during the fifty-eighth session of the General Assembly.

I would like to thank the Secretary-General for his comprehensive and analytical report (A/58/184) on

the progress achieved in the implementation of the Declaration of Commitment on HIV/AIDS, adopted during the special session of the General Assembly in June 2001.

The HIV epidemic is by far the deadliest disease and a major cause of mortality, particularly in the developing countries.

The impact of the HIV/AIDS pandemic is particularly felt in our African continent, where, unfortunately, the epidemic continues to spread despite the tireless efforts of several sisterly African Governments.

According to the report of the Secretary-General, there has been a delay in the implementation of the Declaration of Commitment and in the commitments undertaken. However, there have also been some positive indications, giving grounds for hope that the situation can be reversed. We are encouraged by the efforts that have been made so far at the national, regional and international levels, which have yielded results. International commitments have provided a glimmer of hope for controlling the virus.

In that context, we note that Morocco has finalized a comprehensive strategy to combat AIDS, including a strategy for diagnosis and treatment, with the participation of all those working in Government and civil society, using media campaigns aimed at young people and the most vulnerable sectors of society. At the same time, that strategy takes into account the concerns contained in the June 2001 Declaration of Commitment.

It is my hope that before we gather here to assess the situation at the end of 2005, concerted efforts will be made by the international community, in particular by the donor countries and financial institutions. Finally, we hope that the Joint United Nations Programme on HIV/AIDS will take further measures to implement the Declaration of Commitment.

The Acting President: I give the floor to His Excellency Mr. Per Stig Møller, Minister for Foreign Affairs of Denmark.

Mr. Møller (Denmark): This year we have the opportunity to review the first of the time-bound targets set out in the Declaration of Commitment of the special session on HIV/AIDS.

I shall not dwell on how the impact of the epidemic is becoming increasingly alarming. The facts are all well known to the participants in this meeting, as are the challenges we are facing.

Along with goal 6 of the Millennium Development Goals, the Declaration of Commitment serves as an important tool to strengthen and accelerate the global fight against HIV/AIDS. The first set of targets, the ones we are reviewing today, relate mainly to the creation of an enabling policy environment.

Let me highlight a few of the many important findings in the report of the Secretary-General (A/58/184). First, with respect to the implementation of HIV/AIDS strategies and policies: in many countries, we now have the right policies and institutional frameworks to fight HIV/AIDS. What we need is implementation of the policies through broad-based, effective programmes. That will require political leadership. It will require a willingness to talk openly about the epidemic and to make the fight against the disease a political priority. Political leaders must stamp out all discrimination against and stigmatization of infected people. Civil society must be involved, and increased financial and human resources must be set aside for the fight in each and every country.

To illustrate this point: most countries today have national strategies for prevention, but very few people have access to basic information and prevention services. The report states that "the inability to deliver HIV prevention programmes on the scale required represents a critical missed opportunity" (A/58/184, para. 28). We must do more to provide sufficient coverage in order to reduce the number of new infections.

Secondly, with respect to the role of women: women stand out as particularly vulnerable to the epidemic, not least in sub-Saharan Africa. Most countries now have national policies to ensure equal access to services, but plans and policies alone will not reduce the special risks women face. To fight HIV/AIDS, we need the true economic and social empowerment of women.

Thirdly, with respect to funding: as we broaden the scope and add more interventions, the need for long-term, stable funding becomes more urgent. This is more important than ever now that care and treatment programmes are being scaled up. The donor community must live up to this challenge through increased

funding for HIV/AIDS activities. It is therefore encouraging to see the significant increase over the past year in resources for combating the pandemic. The Global Fund to Fight AIDS, Tuberculosis and Malaria is an important new financial mechanism. Together with partners in countries — Governments, civil society — the United Nations family and bilateral donors, the Fund has the opportunity to make a real difference. In our fight against HIV/AIDS, we need committed actors, closer cooperation, increased efforts and a balanced approach including prevention, awareness, enlightenment, care and treatment.

Denmark has a long tradition as a substantial donor and actor in development cooperation. We will live up to that standing through increased funding for HIV/AIDS activities bilaterally, multilaterally and through national and international civil society organizations.

The Acting President: I give the floor to His Excellency Mr. Jón Kristjánsson, Minister for Health and Social Security of Iceland.

Mr. Kristjánsson (Iceland): Iceland welcomes the report of the Secretary-General on progress towards the implementation of the Declaration of Commitment on HIV/AIDS (A/58/184).

In Iceland, the fight against HIV/AIDS is integrated into the fight against all sexually transmitted diseases. During the last decade the incidence of HIV has gradually been reduced among Icelanders. Contrary to the situation in most countries in the world, AIDS is rarely seen in our country nowadays as a result of effective treatment. At the same time, there has been an increase in the proportion of HIV infection among immigrants to Iceland. That shows clearly that no country is unaffected by the global burden of HIV infection.

Globally, the HIV/AIDS epidemic is an enormous ongoing burden to humanity. For the past two decades, the epidemic has spread all across the world. The Governments of all countries must speed up and strengthen long-term plans designed to reduce the social and financial impact of the epidemic. They need to support all activities necessary to achieve the goals set out in the Declaration of Commitment on HIV/AIDS in the fight against the epidemic. They need to take steps to improve the position of social classes that are disadvantaged and therefore at a greater risk of infection. They need to ensure access to treatment and care for all those who need it. They need to encourage the development of drugs and vaccines against HIV infection, and to ensure the availability of sufficient resources for the campaign against the AIDS epidemic.

Iceland will work towards the commitments set out in the Declaration of Commitment that are to be met by the year 2005 and the year 2010. Iceland is at present working to meet these goals through its International Development Agency, through its participation on the Executive Board of the World Health Organization (WHO), and by supporting the initiative of the Council of Baltic Sea States' Task Force on Communicable Disease Control in the Baltic Sea Region. Iceland has also committed itself to donating 15 million Icelandic kronas to the Global Fund on HIV/AIDS, Tuberculosis, and Malaria.

I believe that we can turn the tide by a combined effort of all nations in the battle against HIV/AIDS using prevention, care and treatment for those already infected.

The Acting President: I give the floor to His Excellency Mr. Jan Petersen, the Minister for Foreign Affairs of Norway.

Mr. Petersen (Norway): Combating HIV/AIDS requires global leadership, partnership and action. No Government can deal with the challenges of the pandemic on its own. We need an extraordinary partnership between political leaders, international organizations, national public health systems, civil society and the private sector.

Significantly reducing HIV/AIDS is a Millennium Development Goal. The Declaration of Commitment on HIV/AIDS sets out specific and ambitious, but still achievable aims. I welcome this opportunity to review achievements and reinforce efforts to reach the targets, with a sense of urgency incorporated in the timetable.

Prevention, treatment and care are equally important to fight HIV/AIDS efficiently. Without well-functioning treatment and care, prevention will also fail. We must strengthen national health systems to make them able to better develop and sustain programmes for treatment and care. Keeping infected people alive and well is not only the right thing to do, but also vital for a country's social stability and long-term economic future.

In this context, I welcome the agreement that was reached by the World Trade Organization (WTO) to provide developing countries with greater access to cheaper medicines, including HIV-related drugs.

This struggle requires us to apply distinct and mutually reinforcing approaches that reach out to men, women and children. We must promote male responsibility in order to achieve real changes in sexual behaviour. Norway is committed to the empowerment of women so that they can truly protect themselves. This has been a key goal of Norwegian development policy for many years.

We must encourage openness and dialogue towards our children. In South Africa, the campaign message is "Love your children enough to talk about sex". Moral leaders such as Nelson Mandela and Desmond Tutu are actively supporting the campaign. Such efforts are important contributions to reducing the further spread of HIV/AIDS, as well as reducing the stigmatization of those who are infected.

We have learned from the humanitarian crisis in southern Africa, which was caused by a combination of food shortages and HIV/AIDS, that emergency assistance and long-term assistance must be better coordinated and combined. The Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO) and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria have important roles to play in assisting countries to address HIV/AIDS more effectively. We should look for ways to make multilateral efforts and other contributions function more effectively together.

Norway is a firm supporter of United Nations efforts to halt the HIV/AIDS pandemic through UNAIDS and its co-sponsoring agencies. We have contributed substantial funds to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and other international initiatives. The fight against HIV/AIDS is an important element in our bilateral development cooperation programmes and our civil society organizations. In 2004, we plan to step up our support, including support through multilateral channels. We will reward performance.

I would like to conclude by paying tribute to the Secretary-General for his strong personal engagement and leadership in the fight against AIDS. He has made this a priority issue for the whole United Nations system. His engagement should be an example to all of us. We can only win the fight against HIV/AIDS if we make that fight a top priority and apply the necessary resources.

The Acting President: I give the floor to His Excellency Mr. Arnold Rüütel, President of the Republic of Estonia.

Mr. Rüütel (Estonia) *(spoke in Estonian; English interpretation provided by the delegation)*: The resolution passed at the twenty-ninth General Assembly special session two years ago to annually review the implementation of the Declaration of Commitment on HIV/AIDS reflects the topicality of HIV/AIDS in today's world. It also indicates the need jointly to react to the changing situation that was analysed in the Secretary-General's progress report.

Today we can state, on one hand, that a great deal of work has been done, and we can even talk about progress made in the fight against HIV/AIDS. On the other hand, in many parts of the world the number of infected people and victims is so high that the word "progress" is awkward to use in the overall context of HIV/AIDS.

The need to raise the political significance of the HIV/AIDS problem and to draft an aggressive strategy for fighting the disease has been emphasized from the United Nations rostrum and in other international forums.

I can assure you that during the period following the General Assembly special session, awareness of the severity of the problem has become more pronounced in our State, our region and the entire world. The people of the world are increasingly aware that this is neither a problem concerning only the infected and their families, nor a problem concerning only single States. This is a problem we must tackle together on a global scale.

In the fight against HIV/AIDS, prevention, treatment, care and support are intertwined activities, all needed for comprehensive national strategies. In this context, specifically, prevention plays a special role.

The spread of HIV/AIDS is a serious problem for Estonia as well. In Estonia's case, the specific characteristics are that it is a concentrated epidemic and that 70 per cent of those infected are young people 15-to-24 years old. The first outbreak of the epidemic was among intravenous drug users, but we have come

to the conclusion that it is being sexually transmitted outside the risk group as well. Therefore, we put special stress on our work with the young and on prevention campaigns. Through sex and health education, we can disseminate diversified information about the threat of HIV infection and its irreversible consequences.

In Estonia, we have been dealing with HIV prevention for about 15 years. Presently, we are engaged in the National HIV/AIDS Prevention Programme for 2002-2006, the third such campaign. Apart from the Government sector, the non-profit and private sectors, as well as local authorities, should also be involved in prevention. I would especially like to stress the role of schools and youth organizations. Prevention in institutions of detention is also important.

Estonia is aware of the need to allocate more resources for the implementation of anti-AIDS programmes. In Estonia, an active network encompassing the whole country and consisting of specialists from different levels has developed. Nevertheless, tremendous efforts are still necessary for the whole community to commit itself to the prevention of HIV infection.

One of the main risk groups in Estonia consists of drug addicts. Therefore, I would like to stress that the fight against HIV/AIDS should go hand in hand with drug prevention. This calls for even more aggressive international endeavours, especially against both drug and human trafficking.

We are very grateful for the assistance we have received from the Global Fund to Fight AIDS, Tuberculosis and Malaria. This support helps to even further intensify international cooperation in the fight against HIV/AIDS and significantly increases the number of partners that we have to work with.

Estonia would like to confirm, here in New York, its commitment to cooperating in the fight against HIV/AIDS. As the presiding State of the Council of the Baltic Sea States (CBSS), Estonia is putting great stress on cooperative projects in this sphere. The CBSS prime ministers established in 2000 a special Task Force on Communicable Disease Control to address the problem in that region. The Task Force is focusing especially on cooperative efforts to prevent HIV/AIDS.

I would also like to emphasize that Estonia shares the goals set by the European Union and is increasingly involved in various corresponding programmes. We also recognize the serious commitment that the World Bank has made to combating HIV/AIDS.

Despite the seriousness of the situation regarding one of the Millennium Goals, I would like to conclude on an optimistic note. I hope that, next year, we will be able to talk about the progress that has been made in increasing both our efforts and the results of these endeavours.

The Acting President: I now give the floor to His Excellency Mr. Nguyen Dy Nien, Minister for Foreign Affairs of Viet Nam.

Mr. Dy Nien (Viet Nam): The Declaration of Commitment on HIV/AIDS, adopted by the General Assembly two years ago, is a crucial document reflecting the political commitment of world leaders in the global struggle against this pandemic. The Declaration established, for the first time ever, time-bound targets to which individual Governments and the international community may be held accountable. It creates a key framework for cooperation at the regional and global levels to achieve the Millennium Development Goal of halting HIV/AIDS by 2015 and of beginning to reverse it in the following years.

In this light, our high-level meeting today is an important one. I wish to take the liberty of briefing the Assembly about what my Government has done towards that end.

Since the emergence of the HIV/AIDS epidemic in Viet Nam in 1990, the Government has given due attention and taken strong action to prevent it. The national programme on AIDS prevention was launched in the early 1990s under the guidance of a deputy prime minister. Ordinances on HIV/AIDS prevention and other important documents and instructions have been enacted, creating a legal framework for various activities in this regard. A technical group on HIV/AIDS has been set up to coordinate activities among donors and Governments. At the same time, constant efforts have been made to promote public awareness of HIV/AIDS infection and preventive measures, to gradually improve care and treatment services for the victims, and to maximize the involvement of the community and their families.

HIV/AIDS does not need a visa to travel. Its prevention depends on full cooperation among nations. Viet Nam has therefore worked closely with other countries within the regional and international frameworks. Our country report on the implementation of the Declaration of Commitment on HIV/AIDS was submitted to the Joint United Nations Programme on AIDS (UNAIDS). As HIV/AIDS brings colossal burdens in terms of finances and health care to bear upon the poor countries, Viet Nam calls on the developed countries to fulfil their commitments to contributing to the budget of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. In the same vein, big pharmaceutical corporations that hold intellectual property rights to HIV/AIDS medicines should adopt a policy on price reduction for poor countries and lease the patents to them so that they may produce medicines for their own patients.

I would like to take this opportunity, on behalf of my Government, to register our thanks to UNAIDS, the United Nations and other countries for the support and assistance they have extended to Viet Nam over the past years. Viet Nam looks forward to receiving continued cooperation in the future.

The Acting President: I now give the floor to Her Excellency Dro Manto Tshabalala-Msimang, Member of Parliament and Minister of Health of South Africa.

Ms. Tshabalala-Msimang (South Africa): I am proud to report that, in South Africa, we have turned the corner. We know that the levels of HIV and AIDS awareness have increased significantly, to higher than 95 per cent. We also know that this has resulted in behaviour change, because about 70 per cent of young women aged 15 to 19 years are reported to have no sexual partners in 2002, compared to 59 per cent in 1998.

The nutritional status of an individual is known to play an important role in decelerating the progression of HIV to AIDS, improving the quality of life and decreasing the prevalence and severity of the infectious complication of HIV and AIDS.

We have established at our Medical Research Council an Indigenous Knowledge Systems Unit to assess the efficacy and safety of traditional medicines. On 31 August 2003, we celebrated Africa Traditional Medicine Day and opened a World Health Organization Collaborating Centre on Traditional Medicines.

The policy and institutional framework are in place. Our country's response to the spread of HIV and the impact of AIDS is guided by our national strategic plan. We also have a constitutional dispensation that is based on equality before the law and therefore equity of access to all basic services is guaranteed.

In May 2002, 110 companies, which employ over 500,000 employees, were sampled. It was found that 54 per cent had formal HIV and AIDS policies. The average for companies with more than 500 employees was 84 per cent. A study of 77 medical schemes with almost 6 million beneficiaries showed that 78 per cent had an HIV and AIDS disease-management programme, but that only 0.3 per cent of beneficiaries make use of it. This clearly illustrates the serious nature of stigmatization and discrimination in influencing health-seeking behaviour amongst those who are infected and affected by HIV infection and AIDS.

We are investing in the health care infrastructure. South Africa ranks seventh on the list of 22 high-tuberculosis-burden countries in the world. Being a country in transition, we also have to address diseases both of poverty and affluence. This calls for a major investment in the total health care infrastructure to address the major natural and unnatural causes of death, including HIV and AIDS.

In November 2002, the Diflucan partnership with Pfizer, which provides free medication for the treatment of two AIDS-related conditions, was extended to include the whole Southern Africa Development Community (SADC) region. This is a good illustration of a public/private partnership initiative with the pharmaceutical industry.

We also provide triple therapy to survivors of sexual assault as part of a comprehensive package of support. The post-exposure prophylaxis programme includes counselling on the effectiveness and risks of using antiretroviral drugs for this purpose. We are currently investigating the cost and social implications of providing antiretroviral therapy in the public sector and the investment needed, over and above the existing public health care infrastructure.

As I speak, we have 31,000 vacant nursing posts and 3,500 vacant doctors posts in the public service. These posts are funded. We train enough doctors and nurses, but developed countries continuously poach our

valuable health workers. This practice weakens health care systems in developing countries.

Approximately 90 per cent of pregnant women in South Africa attend antenatal clinics. Of these women, more than two thirds have access to the programme for the prevention of mother-to-child transmission. Our biggest challenge is following up the baby-mother pairs in order to measure the impact of this intervention.

We have invested more than R20 million in the South African AIDS Vaccine Initiative.

We have political leadership. President Thabo Mbeki demonstrated his leadership by establishing the first multisectoral partnership against AIDS in 1999, now called the South African AIDS Council, chaired by the Deputy President. This forum includes, amongst other things, the business sector, labour unions, people living with AIDS, traditional leaders and healers, faith-based organizations, the Men's Forum Against AIDS and SADC Women Unite in Partnership Against AIDS.

In health care alone, we spend approximately R6 billion annually on HIV and AIDS out of a budget of R40 billion, which amounts to 15 per cent of the annual national health budget. We have budgeted from our own resources a further R3.3 billion for HIV and AIDS in order to ensure that we can address issues of home-based care, voluntary counselling and other programmes.

Our Cabinet is keeping its political commitment to allocating the necessary resources to fight HIV and AIDS. The SADC heads of State and Government recently adopted the Maseru Declaration. The African Union Summit, which was held in Maputo in July this year, further committed itself to implementing the Abuja Declaration and the Millennium Development Goals.

In conclusion, my delegation is satisfied that we have put in place a coherent policy and institutional framework to make a discernible impact in the fight against HIV and AIDS. We must all consolidate investment in the health-care infrastructure. We must sustain political commitment and leadership at the national, regional and global levels. We must avoid the practice of some international collaborating partners of parachuting programmes into developing countries without due consideration of the country's national strategic plans. We must work out a mutually acceptable arrangement and code of practice to regulate the exchange of health personnel between developed and developing countries, because we cannot afford the deliberate brain drain of our health personnel.

We look forward to coming back in 2005 to report to the United Nations on the programme of implementation of the Declaration of Commitment on HIV/AIDS.

The Acting President: I give the floor to His Excellency Dr. Alvaro Vidal Rivadeneyra, Minister of Health of Peru, who will speak on behalf of the Rio Group.

Mr. Vidal Rivadeneyra (Peru) (*spoke in Spanish*): It is a great honour for me to speak on behalf of the members of the Rio Group on a matter of such importance to all humanity.

The Declaration of Commitment on the subject under consideration, adopted by the General Assembly in June 2001, was a momentous event in the struggle against HIV/AIDS. In Latin America, the impact of this pandemic does not have the same consequences as it does in other parts of the world. In our region, this problem has been concentrated in populations of greater vulnerability and risk, posing the challenge and creating the responsibility for making significant progress in the search for a response appropriate to the dynamic of the epidemic and to the ecologic, social, cultural and economic factors that may contribute to spreading it.

We, the members of the Rio Group, are aware that we are living at a difficult time, when the health and well-being of humanity are being threatened by various factors, which, combined with poverty indexes, generate a double rate of disease, disabilities and early death in a great number of people. It is for that reason that, while meeting recently in Cuzco, we recognized that threats to public health such as HIV/AIDS also constitute a threat to the security of our peoples. The impact of the virus is actually stronger in societies that face economic and social problems that hinder them from reaching sustainable levels of development, which expands the current economic gap that exists worldwide and within each of our societies.

We have therefore endeavoured to join our efforts to meet the commitments we entered into two years ago. Those efforts can be discerned from a political framework to reduce the inequalities that variously affect the health of our peoples. That includes creating

programmes to address the problem at its different stages, namely, prevention, care, support and treatment. Nevertheless, effort and political will are sometimes not enough; more resources and additional training of qualified medical personnel are also required.

In that regard, we would like to emphasize the importance of the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Fund has contributed to the implementation of programmes and to the expansion of infrastructure to relieve pain, save lives and contribute to the fight against such diseases. It is also necessary to find new sources of financing, which will help to strengthen national responses to the epidemic and make it possible for our Governments to draft new policies in collaboration with civil society and community-based organizations for people living with HIV/AIDS.

We must also mention the fact that efforts have been made at the regional level to attain a reduction in the price of medicines in order to improve the quality of life of, and increase access to medication for, people living with HIV/AIDS. To that end, the countries of the region have pooled their efforts this year to find the lowest prices for antiretroviral medicines and other health supplies. As a result of agreements between our Governments and pharmaceutical companies committed to the welfare of people, those efforts have had positive results.

On behalf of the member countries of the Rio Group, I would like, in this Hall, to renew the commitment we undertook during the special session of the General Assembly that took place in June 2001. In so doing, we reaffirm our ethical commitment to, and responsibility for, people living with HIV/AIDS in order that they may have full and safe access to the comprehensive medical attention they need, including adequate health services and social and emotional support. We must work together to continue creating mechanisms to promote people's universal access to prevention information through sex education in schools and information drives aimed at spreading the facts about the risks of this disease in order to create awareness among the population.

In that regard, we have been working assiduously to establish the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean in order to promote the exchange of information and, given the need to expand the scope of the work being done in this area, strengthen local capacity to develop basic clinical research while promoting the production of new medicines.

We will continue to work under the premise that we must address this problem while taking vulnerable groups into account, including gay men and other men who have sex with men, sexual workers, drug users — particularly intravenous drug users — orphaned children and migrant populations.

In closing, I would like to underscore the fact that the work in the fight against the pandemic has not yet come to an end. With the support of the international community, we will continue to unite our efforts to achieve the eradication of a disease that affects each and every one of us in one way or another.

The Acting President: I now give the floor to His Excellency Mr. Mustafa Osman Ismail, Minister for Foreign Affairs of Sudan.

Mr. Ismail (Sudan) (*spoke in Arabic*): It gives me pleasure at the outset, to congratulate the President on his election to the presidency of the fifty-eighth session of the General Assembly. We are confident that his long experience and high professional capabilities will lead to the success of this session. I wish to assure him of the support of my country in his endeavours to achieve the desired results of our work.

The special session of the General Assembly devoted to the issue of HIV/AIDS, which was held in June 2001 and which focused on all vulnerable groups and sectors, took place thanks to tireless efforts and a praiseworthy initiative to draw attention to the scourge of the century. In that regard, I would like to thank Secretary-General Kofi Annan for his commendable personal efforts. He has worked to raise the profile of the problem of AIDS and deserves our thanks for having worked to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria. In the brief period since it was set up, the effects of the Fund have already been measurable. We hope there will be equal access by all affected countries to the Fund. I would like to take this opportunity to invite donors, and the Group of 8 in particular, to increase their contributions to the Fund.

Since the diagnosis of Sudan's first case in 1986, the number of declared AIDS cases in our country has grown continuously. That increase is the result of a number of common factors found in most sub-Saharan

Africa, including the prevalence of malnutrition, poverty and the lack of institutional capacity to confront the disease.

Given the lack of time, I would like to briefly list the main elements of our 2003-2007 national plan to combat and control AIDS.

The first element of the plan is to raise awareness of AIDS, which entails disseminating information about the disease and how it is transmitted and prevented. In particular, that information must be circulated among the most vulnerable groups. The second element is to disseminate the values and the principles of good conduct inspired by all religions to combat the disease directly and indirectly. The third element is to create groups to combat and prevent the disease throughout Sudan's provinces.

Mr. Alexandre (Haiti), Vice President, took the Chair.

The resources required to implement our plan are estimated to be $196 million. Foreign assistance and quick-impact programmes will be required from international organizations and funds in order to implement the plan.

AIDS is a serious threat to entire generations throughout the world, particularly Africa. It is a new obstacle to development with a devastating economic and social impact that impedes the success of national and international development efforts. Therefore, it is important to coordinate our efforts and to act seriously in order to confront one of the worst scourges to have ever afflicted mankind.

The Acting President: I call on Her Excellency Mrs. Maria de Fátima Lima Veiga, Minister for Foreign Affairs, Cooperation and Communities of the Republic of Cape Verde.

Mrs. Veiga (Cape Verde) (*spoke in French*): The report of the Secretary-General on the progress made in implementing the measures set out in the Declaration of Commitments on HIV/AIDS, adopted at the special session of the General Assembly on HIV/AIDS in June 2001, allows us to draw the following conclusions.

While we can note with satisfaction the progress regarding raising awareness in affected countries about the need for national strategies to combat AIDS up to 2003 — a goal that we feel has been partially attained — it remains preoccupying to see that the results we expected from this first phase of the implementation of the Declaration will not be fully achieved, among other things, because of the lack of resources. There is a trend toward the spread of the epidemic at the planetary level. We must attack the causes for this delay. Otherwise, we will frustrate the national and international efforts aimed at eliminating and curbing the HIV/AIDS scourge.

In Cape Verde, HIV/AIDS indicators show that an increase in the number of persons who have been infected and affected despite the efforts made by the Government. The 15- to 55-year-old age group — the most active sector of the population — has been struck most intensely. We started fighting AIDS in the 1980s in Cape Verde, after the first case appeared in 1986. In February 2002, we adopted a national strategic plan to fight AIDS for the period from 2002 to 2006. That plan was drafted in collaboration with the Government, municipalities, the United Nations, non-governmental organizations and grassroots organizations. A reference action plan was also adopted.

The Cape Verde Government is resolutely committed to combating this terrible epidemic, which has affected the entire planet, particularly Africa. It has established a committee to fight AIDS, which is a multisectoral institution chaired by the Prime Minister himself. The committee is composed of representatives of Government departments, civil society, the media, religious institutions and the private sector.

Combating AIDS is primarily a moral imperative and a crucial challenge for world peace and security. All the efforts to attain the Millennium Development Goals could be frustrated by the magnitude of this scourge. It is therefore urgent to stop it through the coordinated and focused action of the partners — Governments, the United Nations system, non-governmental organizations, civil society, the private sector and individuals — taking into consideration the characteristics and the seriousness of the situation in each area. The Joint United Nations Programme on AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria are the essential tools for concerted action.

While commending the contributions already made, I reiterate our appeal to the community of partners for development to be generous in contributing to the Programme and the Fund, so that they will be able to attain the set goals.

The Millennium Summit and the Declaration of Commitment on HIV/AIDS have raised fresh hopes in humanity's tremendous effort to eliminate poverty and overcome AIDS. Today we have the unique opportunity to transform those hopes into realities through concrete and generous commitments. The poor and those living with AIDS throughout the world are looking to us here at this special session of the General Assembly. We cannot, and we must not, disappoint them.

The Acting President: I give the floor to His Excellency Mr. Wellington Godo, Permanent Secretary of the Minister for Health of Kenya.

Mr. Godo (Kenya): On behalf of my delegation, let me congratulate the President and the Secretariat for having convened this very important meeting, which discusses a topic that is very close to the hearts of every delegation represented in this House.

My presentation is a brief report of what the Kenya Government has been able to accomplish in the past two years. As part of the political commitment, after the formation of the new Government, a sub-committee of cabinet was established to mount a total war against HIV/AIDS, which is chaired by His Excellency the President of the Republic of Kenya, assisted by the Minister for Health. He took this action because he wanted to be a general who leads from the front, and not from the back.

This is also in line with the commitments that Kenya made during the special session of the General Assembly on HIV/AIDS held in New York in June 2001, and the African Summit on HIV/AIDS, Tuberculosis and other Related Infectious Diseases held in Abuja, Nigeria, the same year. During both meetings, the heads of State and Government undertook to provide leadership with the highest political commitment in the fight against HIV/AIDS.

Regarding the implementation of HIV/AIDS programmes, we have developed and launched a national AIDS strategic plan, and I am glad to report today that much progress has been made through partnerships, community-based organizations, non-governmental organizations and faith-based organizations, which have taken on the responsibility of scaling up prevention programmes at grassroots levels.

We are also targeting the young people, who form 60 per cent of the population, in order to reduce HIV/AIDS prevalence. Such a programme will include increased access to voluntary confidential counselling and testing, where more than 200 voluntary counselling and testing sites have been established during the past two years. It is expected that those sites will increase to 350 in the next two years. Members of the Assembly all appreciate the emerging urgency to reduce the suffering of our people by increasing access to essential medicines for HIV/AIDS.

We have also taken steps, in partnership with other developing partners, to expand access to antiretroviral drugs as a priority. It is expected that, by the end of 2003, nearly 11,000 Kenyans will be on antiretroviral drugs, of which more than 3,000 will be covered by the public sector. The rest are going to be provided drugs through missionary health service delivery and workplace-based antiretroviral programmes through employers and the private sector, as well as through private physicians.

In this regard, the Government is strengthening the infrastructure for health-service delivery, developing the capacity of health workers and improving laboratory services to cope with the management of antiretroviral programmes.

In order to reduce the proportion of infants infected with HIV, services for the prevention of mother-to-child transmission (PMCT) have been increased to accelerate the uptake, through collaboration between the reproductive health and HIV/AIDS programmes. There are currently more than 100 PMCT sites countrywide with adequately trained service providers.

As a consequence of increased mortality among young and productive parents, Kenya has one of the highest number of AIDS-related orphans, currently numbering 2 million. We have therefore embarked on a process of formulating policies and guidelines for orphans and other children made vulnerable by HIV/AIDS.

In partnership with members of Parliament and key partners such as the United Nations Children's Fund (UNICEF), we have put in place measures to address their economic hardships, education, health care, nutrition, rights to inheritance, and protection from the potential dangers of drugs and HIV infection.

The burden of HIV/AIDS is placing a very heavy load on health workers and having a negative impact on service delivery. We have initiated measures to improve the capacity and the working conditions of health-care personnel. Within the laws of the country, the Government has also made progress in rationalizing human rights and fundamental freedoms to guarantee a reduced vulnerability to AIDS through any form of discrimination.

In conclusion, I wish to take this opportunity to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for approving Kenya's financial request. These additional resources will enable the Government to penetrate rural areas and arid and semi-arid parts of the country; meet the needs of underserved communities; and scale up interventions that have proved cost-effective.

In this regard, my delegation would like to appeal to the international community, civil society and the private sector to continue contributing to the Global Fund so that it can continue assisting those in dire straits in order to fight the HIV/AIDS pandemic. Kenya fully subscribes to all international efforts geared towards reducing the burden of diseases related to HIV/AIDS, tuberculosis and malaria and other related infectious diseases, and we look forward to sustained support from the international community.

The Acting President: I give the floor to His Excellency to Mr. Jan Karlsson, Acting Minister for Foreign Affairs of Sweden.

Mr. Karlsson (Sweden): I am addressing the General Assembly at a very difficult moment. Sweden has lost its Minister for Foreign Affairs, Anna Lindh. She fell prey to senseless, meaningless violence. In the midst of our grief, our determination to defend democracy and an open society grows stronger. Our engagement for the United Nations, for international cooperation, human rights, peace and justice remains. This is the best way to honour the memory of Anna Lindh.

The fight against HIV/AIDS can be won only if we work together — using the experience we have and learning from those who have succeeded in halting the spread of HIV/AIDS and those who have managed to make life easier for people living with the disease.

Let me outline five lessons learned.

First, our worst enemy is passivity. The countries that have succeeded in halting the spread of the pandemic have one common characteristic: there has been a clear and strong national leadership. That has been the case in Uganda, Senegal and Thailand.

We also have examples to the contrary. Such cases have been partly responsible for HIV's spreading like wildfire. This is now changing. We are seeing stronger leadership in many stricken countries and in the international community as a whole. I very much welcome the South African decision to launch a national antiretroviral treatment programme that will contribute to a truly comprehensive response to HIV/AIDS.

Secondly, we can win this fight only with open eyes and open minds. People will continue to have sex. Young people need our support and guidance, and it is our obligation to equip them with the necessary knowledge and services so that they can protect themselves and their partners.

It is our obligation to empower young men and women, so that they have the strength to choose with whom and when they wish to have sex — and when they do not. Better knowledge about sex and about sexually transmitted diseases does not lead to increased promiscuity and more teen-age abortions — on the contrary. Access to information enables the kind of responsible behaviour that we strive for and which contributes to reducing the spread of HIV/AIDS.

Thirdly, women are key. As was pointed out by my Danish colleague, Per Stig Moeller, women carry a disproportionate burden of the epidemic. They take care of the sick and are responsible for the welfare of the whole family. More women and girls are becoming infected due to sexual harassment and violence, coerced sex and outright rape, not seldom in their first sexual encounters and in encounters leading to pregnancy.

The strengthening of the position of women will actively and forcefully contribute to the fight against HIV/AIDS.

Fourthly, we need more resources. We must treble the expenditures being made today in order to reach the required level of $15 billion per year in 2007.

Sweden is increasing official development assistance from 0.81 per cent of gross domestic product to 0.86 per cent. This is a step towards our goal of

again realizing the 1 percent target of official development assistance.

An ambassador responsible for issues related to HIV/AIDS has been appointed by the Swedish Government. We will increase support for the Joint United Nations Programme on HIV/AIDS (UNAIDS) from $7 million to $12 million, and to the United Nations Population Fund (UNFPA) from $25 million to $33 million. Our support for the Global Fund next year will be $37 million.

Finally, HIV/AIDS is about power. We need to break traditional power structures. The right to knowledge and information, the right to health, the right to counselling and condoms, the right to control over one's own body — these touch on sensitive issues, related to the balance of power in society between men and women, between children and parents, between rich and poor.

This makes HIV/AIDS prevention one of the most controversial topics in the world today. It challenges both patriarchal structures and dogmas. This makes our struggle difficult, but no less important. We must do our best to overcome our differences. We owe it to those living with HIV/AIDS and to the large number who are at risk of becoming infected.

The Acting President: I give the floor to His Excellency Mr. Brian Cowen, Minister for Foreign Affairs of Ireland.

Mr. Cowen (Ireland): The fifty-eighth session of the General Assembly opens at a time when we will be responding to the Secretary-General's call for a reflection on the future role of the United Nations. In looking back at a successful United Nations global meeting which dealt with an issue of direct relevance to millions of people, we remind ourselves of the importance of multilateralism in the age of globalization.

I intend to use Ireland's presidency of the European Union (EU) in the first half of 2004 to drive forward the positive role the Union must play in the fight against HIV/AIDS. We will therefore prioritize work on HIV/AIDS in the development agenda of our EU presidency. To that end, on 23 and 24 February 2004, the Irish presidency of the European Union (EU) will convene a ministerial meeting in Dublin to intensify cooperation against HIV/AIDS in Europe and Central Asia. At that meeting, 53 Ministers representing the Governments of the region will meet to decide on a workable agenda of cooperation against this common threat. The United Nations Joint Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund have agreed to work with us in the preparation of the Dublin conference, which will also involve close cooperation with the European Commission.

The success of the General Assembly special session was due in large measure to the tireless commitment and leadership of the Secretary-General himself. Strong and sustained political commitment from the top is crucial to overcome stigma, discrimination, fear and bureaucratic inertia.

A particular challenge faces leaders in countries where the disease is gaining a foothold but has not yet reached epidemic levels. They are on the edge of a precipice, and only resolute political leadership can stem the spread of the disease and prevent an economic and social catastrophe.

We must not lose our focus on strong and effective prevention programmes. These continue to be seriously underfunded, and they lack political support. The Secretary-General's report points out that, globally, fewer than one in four people at risk of infection is able to obtain basic information regarding HIV/AIDS. That is a key challenge that must be tackled if we are to save the lives of millions of young people.

The recent World Trade Organization agreement on access to medicines paves the way for the provision of life-saving drugs to millions of infected people. Ireland recently signed an agreement with the Clinton Foundation to cooperate with the Government of Mozambique in the establishment of a national treatment regime as part of a comprehensive approach that also includes prevention, care and support.

How will fragile health systems in very poor countries equitably provide life-saving drugs in a way which does not divert scarce resources from the provision of basic health care services? I believe we need a new international forum, under the auspices of UNAIDS and its sponsors, where donors, developing countries, non-governmental organizations and the pharmaceutical industry can share views and practical experience. It is only through such international cooperation that treatment regimes can be provided in a

way that strengthens, rather than overwhelms, health systems.

Prevention, care and treatment cost money. It is essential that pledges to the Global Fund be turned into hard cash, and quickly. Ireland has fully paid in 20 million euros to the Fund. Within the framework of the massive increases in Ireland's overseas development aid spending in recent years, as we pursue the objective of achieving the United Nations target of 0.7 per cent of gross national product by 2007, the volume of our overseas development aid committed to HIV/AIDS programmes increased tenfold to more than 40 million euros in 2002.

Given the gravity of the challenge, it is imperative that every cent mobilized for HIV/AIDS be well spent. We need stronger coordination at the global level among the relevant United Nations agencies, the World Bank and the Global Fund. I would like to see the issue of HIV/AIDS as a standing item on the agendas of the executive boards of the UNAIDS sponsors and at the World Bank/International Monetary Fund Development Committee.

We also need stronger coordination at the national level. The Governments of developing countries struggling to contain the epidemic should not be faced with a proliferation of donor-driven committees, competing agencies and endless demands for reports and assessments. HIV/AIDS should be prioritized as an area where commitments to donor harmonization are put into practice. I fully support President Chirac's call this morning for an annual review by the General Assembly of progress in the war against HIV/AIDS.

In addition to dealing with the present threat, we must continue to work together to ensure that future generations are protected from the disease through a cheap and effective vaccine. Ireland has been a supporter of the International AIDS Vaccine Initiative from the outset. We continue to see that public-private initiative as offering hope for the future through clinical trials, which are pushing forward the global search for a vaccine. We are also founder-members of the International Partnership for Microbicides, a new research initiative which should make a major contribution to prevention efforts.

I regret to inform Members that I have exceeded my time limit. Therefore, in finishing my statement, I want to say that we will continue to work with international agencies to continue to work to try to deal with this massive problem for the world and for the international community.

The Acting President: I give the floor to Her Excellency Mrs. Benita Ferrero-Waldner, Minister for Foreign Affairs of the Republic of Austria.

Mrs. Ferrero-Waldner (Austria): Two years after our special session on HIV/AIDS, the disease is still a lethal threat to millions of individuals and an impediment for the economic development of whole countries, regions and even continents. Increasing mobility contributes to the speedy spread of the illness. We are talking about fellow human beings who are suffering. We are talking about children being infected in their wombs — children without a chance to reach adulthood.

The international community is called to action. I welcome the report of the Secretary-General (A/58/184) on progress towards meeting the targets set out in the 2001 Declaration of Commitment on HIV/AIDS as an excellent basis for today's discussion. I share his view that an effective international response to the pandemic must be grounded in respect for human rights principles, norms and standards. Many countries indicate that the linkage of human rights and HIV/AIDS is, for national policy-makers, a relatively new concept that is not yet integrated into national legal frameworks.

Permit me to express Austria's full concurrence with the statement made earlier by the representative of Italy, which currently holds the presidency of the European Union, as well as my country's full support of the measures taken by the European Union in the fight against HIV/AIDS, in particular the European Union contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. I also fully support the statement of the representative of Mali, which currently holds the presidency of the Human Security Network. Austria is a member of that Network and a past president and member of the current Network troika. Let me also express my appreciation for the leadership provided by President George W. Bush when, in his "State of the Union" message earlier this year, he earmarked $15 billion for combating HIV/AIDS.

In my statement, I wish to focus on three aspects. The first is definitely a positive one; the second concerns HIV/AIDS and human rights; and the third concerns HIV/AIDS and combating poverty.

First, I want to let everyone at this meeting know that I have not come to appear in front of them empty-handed. I am pleased to inform them that Austria is currently engaged in discussions with the United Nations Children's Fund (UNICEF) with a view to financing UNICEF's project on expanded and innovative HIV/AIDS prevention focusing on youth in Ethiopia. The programme is currently scheduled for two years, 2004 and 2005, and the Austrian contribution will be $400,000.

Secondly, I want to address the issue of how human rights are inextricably linked with the spread and impact of HIV/AIDS on individuals and communities around the world. HIV/AIDS is more than a health problem - it is a challenge to society as a whole. In his report, the Secretary-General shows that, where individuals and communities are able to realize their rights to education, free association and, most importantly, non-discrimination, the personal and societal impact of HIV and AIDS are reduced.

In this context, I would like to draw the Assembly's attention to the importance of human rights education. During my recently concluded presidency of the Human Security Network, I made human rights education a priority theme for the interregional group of countries from all five continents with the aim of coming up with concrete results. The ministers of the Network stressed at their recent meeting in Graz, Austria, the importance of the struggle against HIV/AIDS and their commitment to working both individually and collectively towards recognition of HIV/AIDS as a human security threat at national, regional and international forums and to share experiences and best practices in addressing HIV/AIDS across regions.

HIV/AIDS was identified by the ministerial meeting as one of the priorities of the three-year work plan of the Human Security Network alongside other issues, such as human rights education and the problems of children in armed conflict, which has a very strong HIV/AIDS-related component. The ministers of the Human Security Network also adopted a manual on human rights education. This training tool is designed for global use and adaptable to a variety of target groups.

I now come to my third and final point. Combating HIV/AIDS must also be coordinated with our efforts to reduce poverty. The overwhelming burden today is born by developing countries, where the disease threatens to reverse vital achievements in human development. HIV/AIDS and poverty mutually reinforce each other. In this context, I am happy to announce that the budget for Austrian development cooperation will increase by 35 per cent in 2004.

Today, putting human rights and the fight against poverty at the heart of the international response to the HIV/AIDS epidemic is more important than ever. We therefore hope that the time is right to act.

The Acting President: I now give the floor to His Excellency The Honourable Bill Graham, Minister for Foreign Affairs of Canada.

Mr. Graham (Canada): When we met here two years ago to adopt the Declaration of Commitment on HIV/AIDS, we already knew that the crisis facing us was both urgent and catastrophic. Today, the ravages of this pandemic are affecting almost everything the United Nations and Member nations are trying to accomplish and threatening to subvert progress in areas such as development, trade and agriculture. We cannot hope to achieve any real success in our collective efforts until we address this pandemic and the devastation it has wrought on societies around the world.

(*spoke in French*)

This is not to deny that some progress has been made in the past two years. The United Nations has integrated the reality of HIV/AIDS more broadly into its operations, led by the excellent work of Secretary-General Annan and Peter Piot of the Joint United Nations Programme on AIDS. National efforts are also being scaled up, with encouraging results in countries such as Mozambique, Thailand and Senegal. In other countries, including Ethiopia and Uganda, the pandemic is showing signs of abatement. This trend will continue only if we succeed in breaking the cycle of transmission. This requires seriously addressing the disproportionate impact of HIV/AIDS on women and girls, through measures including access to high quality sexual and reproductive health care and services. We must also fight the violence inflicted on women when they try to take preventive measures.

New approaches to the pandemic are being considered by groups of like-minded States and such innovative thinking should renew our collective resolve to fight for each human life at risk.

Finally, some progress is being made in ensuring that care and treatment, as well as prevention, are available in developed and developing nations alike. The World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights and public health represents significant progress in that regard. In spite of this progress however, the Secretary-General reminded us this morning that we still have a long way to go if we want to fulfil the commitments already made.

(*spoke in English*)

In Canada, we have worked hard to implement the Declaration of Commitment and we are currently renewing the Canadian strategy on HIV/AIDS in light of what we have learned from long years of struggle and in difficult conversations among our citizens. Canada's approach to HIV/AIDS is a rights-based one that embodies the principles of the Declaration of Commitment. We place the highest priority on ensuring the protection and full enjoyment of all human rights for everyone affected. We work to protect the human rights of the most vulnerable persons affected by HIV/AIDS, including injection-drug users, commercial sex workers, aboriginal peoples, women, children, refugees and our gay and lesbian community. Our HIV/AIDS strategy is grounded in the Canadian Charter of Rights and Freedoms and draws on a strong institutional framework that backs up legal protections with means of recourse when rights are violated.

Canada's efforts focus on preventing the spread of HIV through information and education. We know that prevention works best where comprehensive care, treatment and support are available; and we also know that countering stigma and discrimination is crucial in getting prevention messages across and in helping people access care. We have learned that societal attitudes about sex cannot be allowed to prevent the sharing of information that saves lives.

In this context, I am proud to say that yesterday, I, like some 10,000 other citizens of my city of Toronto, participated in the annual AIDS walk in that city, an activity organized by the AIDS Committee of Toronto to raise awareness of HIV/AIDS and to raise funds for its prevention and cure. Over the past years, we have raised some $7.5 million through the efforts of ordinary citizens from every walk of life, from all the multicultural communities of our very diverse city, with the active participation and encouragement of local, provincial and federal politicians from every political party in our system. I am also proud to say that similar events took place in 130 other communities across Canada — a community response to a pandemic that affects us all.

Our strategy has also made gains by going beyond Government to engage all sectors of society. By working together with people living with HIV/AIDS, vulnerable social groups, non-governmental organizations and business, we have extended our efforts into spheres that Government alone cannot reach.

In the face of this pandemic, we must ensure universal access to prevention, treatment and support in all nations. More than ever, it is urgent that all nations work with their citizens at home and with each other abroad. I can assure the Assembly that Canada is wholly committed to this goal.

The Acting President: I now give the floor to His Excellency Mr. Alain Bédouma Yoda, Minister for Health of Burkina Faso.

Mr. Yoda (Burkina Faso) (*spoke in French*): On behalf of Burkina Faso and its President, Mr. Blaise Compaore, who is the President of the national campaign against HIV/AIDS and sexually transmitted diseases, it is my honour to express my great satisfaction at the convening of this meeting and to convey my warm congratulations to Mr. Kofi Annan on the skill he has shown in implementing the decisions taken at the Millennium Summit.

For the past two decades, the HIV/AIDS epidemic has been a subject of great concern. During our special session in June 2001, Burkina Faso, like many countries, committed itself to making the required efforts to meet the objectives set. Thus, since 2001, my country has strengthened its national commitment and assessed its composite index of national policies at 100 per cent. In terms of the financial index of this national commitment, Burkina Faso is proud of having invested approximately $4 million in 2002 in various projects and programmes to combat HIV/AIDS, including $2.5 million from State funds and the Heavily Indebted Poor Countries Initiative. We hope that these figures will have risen by the end of the year.

As for national programmes and behaviour, we note the following points. Regarding prevention within

the framework of the multisectoral campaign, ministerial committees to combat HIV/AIDS were established and have been operating since 2002. These represent 18 ministries, each with a specific prevention programme. Of the 30 largest enterprises in our country, eight of them launched a specific programme in 2002 to combat HIV/AIDS and 13 others are now under way. Thus, by the end of 2003, 50 per cent more businesses will be actively involved.

On the level of decentralization, 13 provinces are now engaged in prevention activities to the benefit of 4,000 villages, accounting for some 45 per cent of the Burkina Faso population. Several hundred non-governmental organizations and associations, along with traditional and religious communities, are also in the field side by side with the other actors in that campaign.

The Burkina Faso programme for the prevention of mother-child transmission began in May 2002. As of today, 21 per cent of pregnant women who have tested HIV-positive have participated in the programme. Recent agreements with technical and financial partners, including the Global Fund to Fight HIV/AIDS Tuberculosis and Malaria, the World Bank and the African Development Bank, will further accelerate progress in that field.

Regarding health care and treatment, for the past five years we have been developing a far-reaching programme for the treatment of opportunistic infections. On the other hand, the situation remains highly critical regarding the use of antiretroviral medicines. It is on that field of activity that Burkina Faso focused all its efforts since 2001, resulting in a fall in the price of these drugs following negotiations with pharmaceutical firms and, more recently, the signing of conventions with the Cipla laboratories and Brazil for access to generic medicines. Finally, the Government of Burkina Faso recently adopted a project for the large-scale production of spirulina to combat malnutrition in children and AIDS patients.

Regarding the primary challenge of changing risk behaviour, two specific investigations in 2001 and 2002 allowed us to determine that the rate of young people between the ages of 15 and 24 who have an understanding of HIV/AIDS prevention is at 60 per cent, while the figure for those who do not hold "misconceptions about the transmission of the disease" has fallen to 46 per cent.

Despite my country's tireless efforts, we are obliged to note that, notwithstanding the fall in the prevalence rate of the disease from 7.17 per cent in 1997 to 6.5 per cent in late 2001, confirmed cases remain steady at an average of 1,200 to 1,300 a year. Thus, Burkina Faso reiterates its urgent appeal to the international community to pursue its ongoing and substantive efforts. These efforts should allow access for all those who suffer from AIDS, without any form of discrimination, to treatment with antiretroviral drugs and other forms of medical care. Antiretroviral medicines must become more financially and geographically accessible to all. My country keenly hopes that the procedures of the Global Fund will be facilitated for all beneficiaries, because those who have the disease cannot continue to wait for the end of all the tests to which the primary beneficiaries are subjected.

Two years after the Declaration of Commitment on HIV/AIDS of June 2001, have we fully kept our promises on the regional and global levels? It seems to me that a number of things remains to be done to ensure that future generations will be able to judge us kindly. We are convinced that the Declaration of Commitment is well grounded and that its implementation must be pursued so that the 2005 review will be more positive and a major step can be taken in the campaign. The world community must meet this challenge vigorously so that AIDS, this plague of our time, may soon be nothing but a horrible memory to our peoples.

The Acting President: I now give the floor to His Excellency Mr. Dimitrij Rupel, Minister for Foreign Affairs of Slovenia.

Mr. Rupel (Slovenia): AIDS represents one of the greatest dangers in today's world. It causes human suffering and personal tragedies. AIDS undermines the economic and social development and security of many countries, particularly those already weakened by underdevelopment, poverty and hunger, or even by war. With the adoption of the Declaration of Commitment on HIV/AIDS two years ago, the international community pronounced itself in favour of resolute global action against the HIV/AIDS epidemic. It is now time to assess what has been achieved and where we should direct our efforts in the future.

By convening this high-level series of meetings, the United Nations has confirmed that the fight against

HIV/AIDS remains one of its priorities. Slovenia welcomes the progress report by the Secretary-General on the implementation of the Declaration of Commitment. We are glad that it has become an important reference for developing strategies in the fight against HIV/AIDS at all levels. All relevant protagonists — Governments, civil society and the medical profession — recognize that it is an important tool in the endeavours to reduce the scope and consequences of the HIV/AIDS epidemic.

Unfortunately, projections show that the epidemic — particularly in countries with low- and medium-level national incomes — will continue to spread if preventive and containment action does not improve considerably. Countries that have not yet adopted national strategies must be encouraged to do so, since the HIV/AIDS epidemic is a global threat requiring a global response and the cooperation of all relevant parties.

The success of global action must be assessed in terms of success at the individual level, since the fight against HIV/AIDS is focused on the human being and his/her security, well-being and dignity. One should not neglect the human rights aspect in the fight against HIV/AIDS. Many individuals affected by HIV/AIDS are discriminated against, stigmatized and isolated due to a range of prejudices. The repeated discrimination that many of those individuals infected, ill, or otherwise affected face due to other personal circumstances must be prevented.

As a new member of the European Union, Slovenia will contribute to joint efforts to the best of its abilities and within the framework of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. We believe that the Fund will provide those infected with HIV better access to antiretroviral drugs.

Slovenia is aware of the threat. Through its sustained and consistent efforts, the number of HIV-positive individuals in my country has been kept at a very low level. Considerably fewer than one individual per 1,000 inhabitants is living with HIV/AIDS. During the most recent five-year period from 1998 to 2002, the annual reported incidence rates of newly-diagnosed cases have remained fairly stable.

We believe that this success is a result of a multisectoral and comprehensive approach that was adopted with the national strategy for AIDS prevention and care. The three broadly-defined objectives of the national AIDS Prevention and Control Programme are to prevent the spread of HIV infection, to reduce the personal and social impact of HIV infection and AIDS, and to mobilize and unify national efforts for prevention and control.

This approach has proved to be a good model for the control of the spread of the HIV/AIDS epidemic. On this occasion, I would therefore like to reiterate Slovenia's readiness to share its knowledge and experience with other countries, as well as to participate in regional or global efforts for developing strategies and effective responses to the HIV/AIDS pandemic.

The Acting President: I now give the floor to His Excellency The Honourable Dato' Chua Jui Meng, Minister for Health of Malaysia.

Mr. Meng (Malaysia): Two years ago, we gathered here to commit ourselves to arresting a pandemic that has not spared any country and that has raged like wildfire, fuelled by poverty, ignorance, unsafe sex and drug abuse.

Long before the special session of the General Assembly in 2001, Malaysia had already taken heed of the HIV/AIDS epidemic at our doorsteps and had taken measures to ensure that the safety of our people, especially our young, was not compromised. Prevention, treatment, care and support programmes have been in place since 1985.

We realize that, if we are to succeed against HIV/AIDS, we will need governmental commitment. In the past two years, the Malaysian Government has made available about $21 million for HIV/AIDS-related work. Of this sum, $8.3 million were spent on HIV prevention and control and $10 million on clinical care and treatment.

Because 80 per cent of infections in Malaysia occur among young people aged 20 to 35, the Government has placed great priority on prevention programmes for our young. This includes the Anti-AIDS Program for Youth — what we call PROSTAR — which has trained 40,000 young people as peer educators on HIV/AIDS. They in turn have reached out to over 800,000 young Malaysians, empowering them with knowledge about the disease. In addition, we support other non-governmental organizations that work among our young. In 2003, the Malaysian Federation of Family Planning Associations

was given $500,000 to provide sexual and reproductive health education, including on HIV/AIDS, via the Internet to Malaysian youth.

Women are also a priority area. Since 1998, the Government has provided free and voluntary HIV screening to pregnant women at antenatal clinics and has given free antiretroviral treatment to HIV-positive mothers to prevent transmission of the virus to their babies. Over the past five years, 1.5 million mothers have been screened. In 2002, only five babies infected with the virus were born from 110 HIV-positive mothers — a low transmission rate of only 4.55 per cent compared to the expected 30 per cent if treatment had not been given. In addition, all the HIV-positive mothers and their babies identified through this programme are entitled to free antiretroviral treatment.

More, however, needs to be done to address prevention of HIV infection among women and, to that end, we are assisting the Ministry of Women and Family Development and women's and HIV/AIDS non-governmental organizations in undertaking research to better understand the issues related to the spread of the epidemic among Malaysian women.

The Malaysian Government's allocations for HIV/AIDS demonstrate clearly that Malaysia is taking a multisectoral approach. We realize that HIV/AIDS is more than a medical issue and that an appropriate response requires the joint efforts of the Government, civil society and the private sector. For instance, in the past year we have allocated $10 million to the Malaysian AIDS Council, an umbrella body of 37 non-governmental organizations, to be disbursed over a period of 10 years to conduct prevention, care and support programmes, particularly for the vulnerable groups.

The Government is also working jointly with the Malaysian AIDS Council to incorporate religious leaders into the national HIV/AIDS response in recognition of the major role that religion plays in the lives of Malaysians and in helping to alleviate stigma and discrimination. This year, the Islamic Development Department of the Prime Minister's Department and the Malaysian AIDS Council jointly organized the second International Muslim Leaders' Consultation, which brought together almost 200 delegates from around the world to establish guiding principles on how Muslim communities should respond to the epidemic. In addition, the Government is also jointly collaborating with the Malaysian AIDS Council to conduct training programmes on HIV/AIDS for Muslim leaders throughout the country. These activities illustrate that the global Muslim community is as concerned about the HIV/AIDS pandemic as any other religious groupings and is taking action to respond appropriately.

The private sector in Malaysia is also involved in the national response. Spearheaded by the Ministry of Human Resources, a Code of Practice on HIV/AIDS in the Workplace has been formulated in consultation with non-governmental organizations and the private sector in order to ensure an HIV-educated workforce and establish non-discriminatory standards for the employment and treatment of HIV-positive workers. In addition, some corporations are, on their own initiative, conducting HIV/AIDS education programmes for their employees, with support from non-governmental organizations.

Together, we must prevail. There is no other alternative.

The Acting President: I now give the floor to His Excellency Mr. Urbain Olanguena Awono, Minister for Public Health of Cameroon.

Mr. Awono (Cameroon) (*spoke in French*): Allow me at the outset to discharge a double duty entrusted to me by the President of the Republic of Cameroon, Mr. Paul Biya, who this morning began a State visit to China. He requested me first to convey his congratulations to Mr. Hunte on his election to the presidency of the General Assembly and, secondly, to express to Secretary-General Kofi Annan his appreciation for his kind invitation and for his dedication and commitment to the campaign against HIV/AIDS. His report and his statement this morning bear witness to that commitment.

The AIDS epidemic is a highly complex challenge to today's world. If we are to meet it, we will need a great deal of political courage, humanity, relevant strategies and the means necessary to implementing them. In Cameroon, where, unfortunately, the infection rate rose to 11.8 per cent in 2002, the response must be bold, in accordance with the wishes of the Head of State, who has made the anti-AIDS campaign a national challenge and has instructed the Government to draw up a national strategic plan to that end. Adopted for the period 2000-2005 and submitted to the public by the Prime Minister in

September 2000, this plan — an integral part of our anti-poverty strategy — reflects the authorities' commitment to addressing directly the problem of HIV/AIDS and its consequences at the social and the economic levels.

Over the past two years, a strengthening of institutional pillars, an intensification of our prevention policy and a gradual expansion of access to treatment have considerably improved the quality and effectiveness of Cameroon's response to HIV, in accordance with the options of the Declaration of Commitment on HIV/AIDS.

The emphasis on prevention as an essential pillar of our plan of action has been manifested through various efforts, including ongoing targeted information and education campaigns to change behaviour, the promotion of the use of condoms and the development of a network of health centres throughout the country for the detection of HIV on a voluntary basis. In that regard, the establishment of 136 centres devoted to preventing the transmission of HIV from mother to child has made it possible to reduce that particular rate of transmission by half, which is the most unjust type of infection given that it affects innocent people.

In a word, our strategy consists of erecting a barrier to provide strong protection for young people and women — who pay the heaviest price — as well as to contain the epidemic among groups at risk. In that connection, Cameroon has developed and implemented six sectoral plans, including in the areas of education, women and defence. A multisectoral approach has therefore been adopted to mobilize our plan at both the national and grassroots levels. To the same end, our programme has also benefited from a participatory process as part of this struggle that involves thousands of communities, groups of persons living with HIV, non-governmental organizations and other civil society groups, including traditional leaders. Their plans of action have been supported in the field by virtue of the fact that our national programme is decentralized, which makes it possible to organize their work through provincial, communal and local committees to fight the disease.

Our experience in enlisting the assistance of the various actors in society in the fight against HIV/AIDS has taught us the usefulness of promoting public-private partnerships to make more concrete progress. The National Committee to Combat AIDS has therefore concluded 37 agreements with private businesses, as well as 17 with religious groups. That work is continuing.

With regard to the response on the health front, our Government considers access to high-quality health services to be a fundamental right of every citizen. The policy we are pursuing is therefore designed to promote and expand access to treatment with antiretroviral medications. In that regard, Mr. Paul Biya, the President of Cameroon, has decided to provide approximately $1 in annual subsidies to reduce the cost of treatment. Thanks to those subsidies — as well as to the agreements we have reached with pharmaceutical firms and the introduction of generic drugs — the monthly cost of treatment has been reduced to $30 per patient. Also as a result of that policy, the number of persons undergoing treatment has grown ten-fold: from 600 in 2001 to over 6,000 in 2003.

Research has not been neglected either, and is part of a strategy being developed with various international institutions. In addition, Cameroon is also a supporter of such regional initiatives as African Synergy, an association African First Ladies launched by Mrs. Chantal Biya in 2002. In addition, Cameroon is drafting laws pertaining to the rights and duties of persons living with HIV/AIDS, as well as a law regarding the safety of blood transfusions.

In sum, the vision and resolute determination of Cameroon's leaders in the face of HIV/AIDS reflects our conviction that this tragedy represents a real threat to our country's peace, social stability and prospects for development. It is for that reason that every contribution aimed at helping us to win this humanitarian war is welcomed.

Cameroon has already devoted its own resources to this effort on a priority basis, including resources derived from the Heavily Indebted Poor Countries Debt Initiative. We welcome the assistance we have received from several partners, and we wish to thank them for the various types of support they have provided.

My country appeals to rich countries to contribute to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. The Fund, which was established after the holding of the special session of the General Assembly devoted to HIV/AIDS, has made considerable progress in the 18 months since it was created as the financial

instrument most open to countries where those three diseases are endemic.

Given the urgent humanitarian and health situation created by HIV/AIDS, there is an imperative and ethical need for solidarity and partnership. Those duties must be a part of our common agenda as we move towards a better and more equitable world. More specifically, we believe that access to treatment as a fundamental human right and the goal of health as a public good constitute the guiding principles and foundation of a global response commensurate with those challenges.

If sufficient resources are not mobilized to carry out our activities on a scale conducive to eradicating the HIV/AIDS epidemic, then the noble Millennium Development Goals, which were adopted by the General Assembly in 2000, will never be achieved by sub-Saharan Africa. Given that danger, the time has come for us to relaunch together a new spirit of partnership and concrete action aimed at results and sustained progress. Given that the AIDS crisis is not a short-term problem, our efforts should be long-term in nature. As the Secretary-General emphasized this morning, accomplishing that will require shared political will, mobilization of resources and specific efforts to better ensure the future of the world.

The Acting President: I now give the floor to Her Excellency Mrs. Albertina Julia Hamukwaya, Minister of Health of the Republic of Angola.

Mrs. Hamukwaya (Angola) (*spoke in Portuguese; English text furnished by the delegation*): I would like, on behalf of the Government of Angola and on my own behalf, to welcome the holding of this high-level meeting of the General Assembly devoted to assessing the progress achieved in the fight against HIV/AIDS since the adoption of the Declaration of Commitment by the special session of the General Assembly in 2001.

The HIV/AIDS pandemic continues to decimate our populations in such a manner that many of our countries' development achievements since gaining independence in the 1960s and 1970s are being seriously threatened.

Angola's HIV infection rate is about 5.5 per cent in the adult population, a relatively low rate compared to other countries of our region. That reality calls for effective support from the international community so that we may benefit from the achievements of other countries in order to contain the epidemic.

The impact of HIV/AIDS has been devastating, and it is felt at all levels of society, including families, communities, productive sectors and nations as a whole. The consequences for families include increased poverty, the dissolution of family groupings and increased rates of school-dropout, especially in families run by orphaned children.

After more than 30 years of war, the new environment in Angola includes many competing priorities. However, the issue of HIV/AIDS is at the top of our concerns and priorities, given its negative impact on life expectancy and at the macro-economic level, as well as on the quality of life of the population. Taking that into account, and in accordance with the commitments entered into at Abuja in April 2001 and during the special session of the General Assembly, the President of the Republic of Angola has assumed a leadership role in the fight against HIV/AIDS by coordinating the activities of the National Commission to Fight HIV/AIDS and by giving it all the powers it requires and the influence of his own name. In addition, a special fund was established to fight AIDS and other major epidemics, a step which has made it possible to update our national strategic plan to bring it into line with the new challenges of peace.

Other initiatives have also been undertaken in the framework of that same commitment, including programmes to halt vertical transmission of the disease and to guarantee the safety of the blood supply at the level of provincial capitals; mass information and educational campaigns, mainly for young people within and outside the educational system, displaced and refugee populations, sex workers and truck drivers; the free distribution of condoms; voluntary testing; the opening of counselling and testing centres; the establishment of centres to evaluate and monitor the infection; and the launching of a programme to introduce antiretroviral therapy.

Expertise, partnership, cooperation, funding and solidarity are the essential elements of our globalized world that must be taken into a count to implement national plans to intensify our response to AIDS. We are all convinced that success in the fight against the epidemic will depend upon the practical, effective steps we are called upon to implement as part of our commitments with regard to HIV/AIDS.

There have been remarkable advances in HIV therapies with the introduction of antiretroviral drugs. However, taking into account the dimension of the scourge and our scarce resources, those efforts will have a greater impact when we are in a position to obtain antiretroviral drugs and test kits on more favourable terms.

Given the importance of human rights, these meetings should serve to provide the masses in developing countries with the same right to well-being enjoyed by peoples in developed countries.

The Acting President: I now give the floor to His Excellency Mr. Marcus Bethel, Minister of Health of the Commonwealth of the Bahamas.

Mr. Bethel (Bahamas): I am pleased to participate in these high-level meetings of the General Assembly devoted to the follow-up to the outcome of the Assembly's twenty-sixth special session, on HIV/AIDS, and the implementation of the Declaration of Commitment on HIV/AIDS. Just over two years ago, we came together to adopt an action-oriented, time-bound set of targets and commitments in an effort to combat the deadly HIV/AIDS pandemic, which continues to take its toll on individuals and on the development prospects of many of our nations. This first high-level review is a very timely one, given that the first set of targets in the Declaration fell due in 2002.

The Joint United Nations Programme on HIV/AIDS has described the HIV/AIDS epidemic in the Bahamas as a mature, generalized heterosexual epidemic affecting 4 per cent of the population between 15 and 49 years of age. With those facts in mind, the Commonwealth of the Bahamas has established a multidisciplinary, integrated and comprehensive national AIDS programme, with significant contributions from many partners, namely the religious community and corporate and civil society. The programme in the Bahamas is a model of success for the Caribbean region. The care and support of patients with HIV/AIDS has been a major component of our national response, coupled with prevention, epidemiological surveillance and public education.

The Government of the Bahamas reaffirms its unswerving commitment to the Declaration of Commitment. In these difficult economic times, the Government has spent over $5 million in the past year in services to implement our HIV/AIDS strategic plan. During that period, the Government accelerated access to care and support and increased the availability of antiretroviral therapy to persons living with HIV/AIDS. In that same time, we have strengthened HIV/AIDS surveillance; expanded HIV/AIDS education and prevention activities; trained laboratory staff, with a view to establishing a specialized HIV/AIDS laboratory; and participated in research activities to promote the establishment of a regional HIV/AIDS training and resource centre for the Caribbean region.

It is the intention of the Government of the Bahamas to provide universal access to antiretroviral therapy by the year 2005, provided that the cost of antiretroviral medicines continues to decrease and that negotiations with research and development pharmaceutical companies for reduced prices are successful. At the special session in 2001, the Bahamas outlined several national targets to combat HIV/AIDS in our nation. It is a source of pride for us that we have started to meet some of those targets. To that end, antiretroviral therapy has been provided to approximately 25 per cent of the targeted population in a one-year period, and all HIV-positive pregnant women receive full antiretroviral treatment during and after pregnancy, which resulted in a reduction of mother-to-child transmission to 3 per cent in 2002.

With respect to prevention and education, we have sought to target specific high-risk groups, especially young persons, drug users and immigrants. Health education, with an emphasis on behavioural change, is directed at all segments of the population, including workers, employers, adolescents, schoolchildren and police officers and other uniformed services. Those efforts have also been extended to our tourism sector. Tourism remains the main engine of growth of the Bahamas economy. At this time, 40 per cent of hotels in the Bahamas have preventive programmes in place, and it is our intention to raise that number in collaboration with our partners in the industry.

I am pleased to say that due to those efforts, and others, the prevalence rate in the Bahamas has been reduced significantly over the past seven years, and deaths from HIV/AIDS decreased by 50 per cent in 2002 as a direct result of the up-scaling of antiretroviral therapies. Paediatric and adult in-patient admissions have been greatly reduced, as has the average length of hospital stays.

Despite our success in some areas in combating HIV/AIDS, we continue to face many challenges, particularly in the areas of manpower and tactical financial resources, challenges that must be addressed if we are to sustain our HIV/AIDS programme. The socio-economic impact of HIV/AIDS has been felt throughout our archipelago. The resources of the Ministry of Social Services and of many other Government agencies have been sorely tested by the rate of infection and the growing phenomenon of HIV orphans. Accordingly, the Bahamas remains committed to regional and international cooperation in the implementation of the Declaration of Commitment and national and regional strategies to combat HIV/AIDS.

We must never forget that our task is an urgent one. Combating HIV/AIDS must remain a national and international priority. The direct and indirect costs of HIV to individuals, to our economies and to our development prospects have been staggering. Let us now reaffirm our collective resolve to stem the tide of HIV/AIDS by implementing the Declaration of Commitment and by not allowing our focus or our scarce resources to be diverted from that critical task.

The Acting President: I now give the floor to Her Excellency Ms. Uschi Eid, Minister of State for Economic Cooperation of Germany.

Ms. Eid (Germany): The fight against HIV/AIDS is undoubtedly one of the biggest challenges of our times. The sad fates of HIV/AIDS patients, the misery caused to their families and communities, and the continuously increasing number of infected persons worldwide command our attention and demand urgent action. As we discuss the issue today, during the five minutes of my speech alone another 50 people will contract HIV/AIDS, adding to the burden posed by the disease.

It is only two years since the General Assembly held a special session on HIV/AIDS on the initiative and at the invitation of the Secretary-General. While much remains to be done, the emerging international consensus has led to considerable progress, mainly due to the intensification of global response measures and enhanced coordination.

As Chancellor Gerhard Schröder's personal representative for the G-8 process in support of the New Partnership for Africa's Development (NEPAD), I am very well aware of the devastating impact of HIV/AIDS in Africa.

An adequate response strategy can be framed only in development terms. Economic development; poverty reduction; education; income generation; overall improvement of health care, including capacity-building for health workers and improvements in infrastructure and access to drugs; as well as advancements in human rights, especially for women and girl children; these are all part of a multifaceted strategy to fight the disease.

Against that background, let me say a few words about the German contribution to the international fight against HIV/AIDS.

Germany has supported international coordination and financial mechanisms. In that context, I would also like to commend the Joint United Nations Programme on HIV/AIDS (UNAIDS), under the leadership of Peter Piot, for its excellent work as resource centre, catalyst for change and coordinator. The German Government also supported the setting up of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Only recently, we committed an additional 100 million euros, raising our total pledge to 300 million euros.

The German Government made the question of better access to drugs a major concern in the discussion of the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights. We appreciate the progress achieved. International trade rules must support access to HIV drugs, rather than hinder it. We trust that this crucial commitment will not be affected by the recent stall in the trade negotiations at Cancun. I would like to urge all international players to deliver on that commitment.

In our bilateral work we are active in fighting HIV/AIDS in 50 countries. In 16 of them a substantial percentage of our cooperation is focused on the health sector: supporting basic health care; building capacity in the health sector, including infrastructure; and assisting with the provision of adequate treatment, care and support for people living with HIV/AIDS. We have successfully experimented with creative and innovative approaches such as the social marketing of condoms and awareness-raising through performances by travelling theatre companies. Under our public-private partnership scheme we have intensified our collaboration with the business world, either by helping companies with the introduction of HIV/AIDS workplace policies or by forging alliances to provide drugs free of charge. Moreover, the German

Government has begun to mainstream its bilateral activities in the fight against HIV/AIDS throughout all aspects of development cooperation.

Mindful of the urgency of the situation, we have been committing more and more funds to fighting HIV/AIDS. Our total commitment this year is 300 million euros.

With a view to upholding the human dignity of those affected by the disease, enhancing prevention should be an international priority in the years to come. To achieve that we need still more information, awareness-raising and education in many countries, including the participation of people living with AIDS.

It goes without saying that this requires an enhanced commitment on the part of the Governments of the countries affected and at risk. Just as we have to be vigilant in Germany to maintain good overall knowledge and awareness of HIV/AIDS among the general public, other countries may have to be more open about giving problems their proper names and advocating real solutions. It is vitally important that harmful traditional practices be publicly condemned, that wide-scale access to protective measures be ensured and that women's rights to sexual self-determination be protected and promoted.

HIV/AIDS is a human tragedy and a threat to development, prosperity and security. However, increasing knowledge, emerging alliances and new initiatives over the past few years show that it is also an opportunity to forge international and multi-donor and multi-actor cooperation for tailored responses to global development problems.

On that note, I would like to urge us all to renew our commitment today to prioritize the fight against HIV/AIDS and to devote the necessary energy, political will and resources to it.

The Acting President: I now give the floor to Her Excellency Mrs. Aïchatou Mindaoudou, Minister for Foreign Affairs and Cooperation of the Republic of Niger.

Mrs. Mindaoudou (Niger) (*spoke in French*): As Heraclitus said 500 years before the birth of Christ, when health is gone, there is no wisdom or culture; neither is there strength to fight, and wealth is useless and intelligence pointless. In 2003, 2,500 later, that aphorism retains all its accuracy and importance.

Unfortunately, health is gone from Africa. The United Nations slogan "Health for All by the Year 2000" has been a failure not just because we did not know how to address it effectively, but also because of illnesses such as AIDS that were still unknown a few years ago. It has now been 20 years since the AIDS epidemic exploded in the world like a bomb, bringing with it health, demographic, sociocultural, economic, political, religious and legal consequences, all of them equally harmful and adding to the devastating effects of major endemic tropical diseases such as tuberculosis and malaria.

Two years after the special session of the General Assembly and the adoption by the international community of the solemn Declaration of Commitment on HIV/AIDS, these high-level plenary meetings are once again placing the AIDS pandemic at the forefront of United Nations concerns and at the top of the list of major obstacles to development and to the human security of the vast majority of the world's population.

We are already at the end of the first series of goals set out in the Declaration of Commitment. Consequently, it would seem to be of the highest importance for the international community to take careful stock of the results achieved in strengthening prevention and treatment programmes for the growing number of persons with AIDS. As the Secretary-General has said, this first evaluation will enable us to determine whether we are on the right path to achieve the other goals set for 2005 and 2010. Our current deliberations are therefore of the utmost importance.

In order to keep our promise to stop the spread of HIV/AIDS and to begin to reverse the current tragic trend by 2015, the international community — along with the efforts made in the areas of research and, in particular, prevention, which remain the basis for our efforts — must place special emphasis on access to drugs in developing countries. In those countries the frightening statistics regarding the number of people living with AIDS, dying daily and being seropositive point to a health crisis rarely known in the history of humankind. Given the considerable financial needs of developing countries in accessing treatment, only a significant increase in allocated resources and resolute political commitment at the highest levels in our countries will make it possible to keep that promise.

Until recently, Niger had been relatively spared from the scourge of AIDS. Although the infection rate

among the general population today is over 2 per cent — from a rate of 0.7 per cent in 1990 — the nature of the epidemic itself is both complex and prone to change. We now see that there are significant differences in the rate of infection between rural and urban areas, as well as among very high-risk groups, such as sex workers, truck drivers, military personnel and young people. Most new cases are now found among persons aged between 15 and 29 living in high-migration areas. The gender ratio in the adult population is estimated to be 1 male per .85 females. That ratio has been reversed in the 15 to 19 age group during the last two years; there are now four females for every male.

Aware of the risk of the epidemic's spread, at the time it recorded is first case, in 1987, Niger decided to put in place an institutional framework to develop and implement a policy to combat HIV/AIDS. A strategic planning process was begun to draft a third-generation medium-term plan.

I should like to draw the General Assembly's attention to a series of four important measures that have already been put in place. First, the AIDS pandemic is now being dealt with in the Office of the President. Secondly, a national plan to combat HIV/AIDS and sexually transmitted diseases has been devised for the period 2003-2006. Thirdly, there is an initiative in place to provide access to antiretroviral medicines. And, fourthly, we have made the fight against HIV/AIDS a component of every development project.

In order to further reflect our commitment in actions, Niger has decided to improve the economic situation of poor people by strengthening basic social services, particularly in rural areas. To that end, and in the spirit of the 20/20 Initiative, we have carried out a review of public spending in the health, education and rural sectors. Moreover, aware that the problem of AIDS is also an issue of rights, dignity and discrimination, the Government of Niger will very soon turn to solving certain problems through legislation. One of the most important of those laws will deal with the rights and duties of people living with HIV/AIDS, children orphaned by AIDS and public health personnel.

The President returned to the Chair.

In conclusion, I would like strongly to emphasize that the promise made in the Declaration of Commitment on HIV/AIDS must be kept. Failing to do so will mean increasing the number of children orphaned by AIDS, a figure that is already too high. Africa alone has over 11 million of them and will have 20 million by 2010.

More than ever before, the international partnership against AIDS in Africa must be translated into active solidarity among nations, sustained assistance from international institutions and full commitment from the private sector, and in particular from the pharmaceutical industry.

From this rostrum, I would like to reiterate our great appreciation for the support of the United Nations Development Programme, the United Nations Population Fund, UNICEF, the Joint United Nations Programme on HIV/AIDS and other development partners, which have continued to make their contributions to the implementation of our national programme to combat AIDS.

The President: We have heard the last speaker in the debate for this meeting.

Programme of work

The President: I should like to draw the attention of the General Assembly to document A/INF/58/4, which contains a tentative programme of work and schedule of plenary meetings for the period from September to December 2003 and which has been distributed in the Hall.

I should like also to remind members that the lists of speakers for items listed in document A/INF/58/4 are open. Furthermore, I should like to remind members that tomorrow, Tuesday, 23 September 2003, at 10 a.m., the Secretary-General will present his report on the work of the Organization (A/58/1) to the General Assembly prior to the opening of the general debate.

I would like to inform members that, for technical reasons, the Assembly will adjourn its 4th plenary meeting at this time. Representatives are requested to remain seated, because the 5th plenary meeting will begin immediately after the adjournment of this meeting.

The meeting rose at 6.10 p.m.

United Nations A/58/PV.5

General Assembly

Fifty-eighth session

Official Records

5th plenary meeting
Monday, 22 September 2003, 6.10 p.m.
New York

President: The Hon. Julian R. Hunte ..... (Saint Lucia))

The meeting was called to order at 6.10 p.m.

Agenda item 47 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level plenary meetings devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/58/184)

The President: I call on Her Excellency Mrs. Leila Rachid de Cowles, Minister for Foreign Affairs of Paraguay.

Mrs. Rachid (Paraguay) (*spoke in Spanish*): Two years ago, when we met in this great Hall, we did so with great concern, yet, at the same time, with the firm resolve to study the situation together and pool our efforts to ensure that the terrible epidemic of HIV/AIDS would not continue to further undermine the foundations of our households, societies and nations. On that occasion, we adopted an important Declaration aimed at establishing a universal strategy to combat that disease. For that reason, we are profoundly gratified at the holding of this high-level plenary meeting, because this year marks the first stage of the strategy, whose achievements we are analysing.

The report presented by the Secretary-General (A/58/184) on the implementation of the Declaration of Commitment on HIV/AIDS demonstrates that this document has become an invaluable instrument of reference for States and institutions in their efforts to fight this epidemic. However, it is also clear that we are far from achieving its effective implementation and fulfilment. The data and figures submitted continue to be alarming.

The epidemic in Paraguay began in 1986 and, since then, the country has been working out a response to it. Since 1995, political resolve has taken the form of the allocation of a special budget to deal with the needs of a national programme to combat the epidemic. It should be noted that, in the context of that policy, as far as the Government of Paraguay is concerned, unreserved respect for the rights of persons living with HIV/AIDS and the most vulnerable populations is a State obligation. Aware of that responsibility and despite our limitations, my Government has not spared any effort in carrying out its commitments. Planning made it possible to establish the policies of a national programme, together with departmental governments and all social actors, including people living with HIV/AIDS, thus giving a more effective and timely response to the growth of the epidemic.

Paraguay has developed measures aimed at vulnerable groups, giving priority to information and education prevention campaigns, which are aimed at changing behaviour patterns and directing young

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people and adults to take decisions that improve their quality of life, as well as to the development of mother-to-child prevention programmes.

Regarding care, support and treatment, this is the point where political will breaks down, given the burden of an adverse economic situation and overall tension, whose components represent a cost that greatly exceeds the financing abilities of a country with serious poverty problems.

Discrimination and stigmatization related to the disease grow in the shadow of ignorance, intolerance and fear. Paraguay, through the Government and civil organizations, has taken on the promotion of human rights of people living with AIDS or who are in some way affected by it, for which it is starting a legislative reform process that goes beyond respect for human dignity, the full exercise of basic human rights, right to information, education and liberal sexual orientation. It is also increasingly difficult to speak of vulnerable groups when the barriers that lead to the propagation of the epidemic and its effects are being addressed by greater access to education and overall health care. Boy and girl orphans and children in vulnerable situations, and the mitigation of social and economic effects, are still matters of initial treatment by governmental and non-governmental institutions.

We wish to highlight the leadership of the United Nations in this matter and underscore the work done by the Joint United Nations Programme on HIV/AIDS.

We often struggle to fight, with many resources, enemies who attack innocent people violently. I am referring to terrorism. However, it would seem that we still need to become fully aware of the fact that the enemies are not only those who sow terror in our nations; they are also those who slowly yet painfully undermine and destroy so many innocent lives, as is the case of women, boys and girls, who actually represent half of the cases of HIV infection in the world. That will be perhaps one of the most difficult issues that we must tackle, but it is, undoubtedly, the main one. It is the obligation of all of us to address it successfully. We must not fail in that undertaking. The history of humankind would never forgive us.

The President: I give the floor to His Excellency Mr. Roy Chaderton-Matos, Minister for Foreign Affairs of Venezuela.

Mr. Chaderton-Matos (Venezuela) (*spoke in Spanish*): The Declaration of Commitment on HIV/AIDS, a transcendental milestone in the collective effort to deal with a world scourge, is an example of cooperation in which the initiative of the United Nations demonstrates how multilateralism can contribute to combating scourges of global dimensions that affect the economic growth and social development of our peoples and countries.

In the health sector and in promoting the quality of life of our citizens, the Bolivarian Constitution recognizes that social security responds to the concepts of solidarity, universality, integral approach and participation. The right to health is implicit in the right to life, together with the promotion and defence of the right of gender equality and the right to decent work, nutrition, housing, education and culture.

Pursuant to these constitutional precepts, Venezuela has been making tremendous efforts to fulfil the international commitments that it has undertaken. Both at home and elsewhere, we are paying our tremendous social debt, especially to those excluded in our society.

In combating HIV/AIDS, we have made significant progress in spite of the political and economic difficulties which the country has undergone in recent times. In executing public policy, we have committed significant financial resources, approximately $120 million, that have been earmarked for large-scale programmes, including the strengthening of institutions. We have been implementing a national programme on sexually transmitted diseases and HIV/AIDS, which involves measures of prevention, overall care, epidemiological research and institution strengthening. To date, 34 projects have been executed, with wide-ranging social participation, in the area of AIDS prevention and prevention of other sexually transmitted diseases. This programme, which puts particular emphasis on promoting the human rights of individuals living with HIV/AIDS, has benefited more than 650,00 people during the period from 2001 to 2003, and has worked with approximately 27 non-governmental organizations.

Similarly, and pursuant to the provisions of the protection of the child and adolescent act and the act to combat violence against women and the family, the ministry of health and social development, together

with the ministry of education, culture and sport, is carrying out the AIDS prevention project for young people. This project's goal is to encourage prevention of the disease through the dissemination of information and the training of children, adolescents and their families. In the three years in which this has been in force, 1,383 Bolivarian schools have become involved and more than 150 local management teams have been organized, giving training to some 14,500 teachers.

In addition, in Venezuela, through the office of the State ombudsman, a number of workshops have been held on human rights and AIDS, directed both toward educators and young people. These are part of the preventive and educational phase of our activities, directed towards schools and university students, and towards future policemen, investigators and health workers. Similarly, we are applying the national drug programme for the segment of the population that is without coverage, carried out by the Venezuelan institute of social insurance. This is designed to assist the neediest social groups. It is an important effort by the national Government of President Hugo Chávez Frias to ensure access to drugs for persons suffering from the disease.

Every day, in Venezuela, more public institutions and private institutions join in the fight against HIV/AIDS, and, increasingly, financial resources are earmarked for this purpose. However, these resources are insufficient. Greater means are required to cover the extremely high cost of treatment and to train and educate specialized professionals. Only in this way will the objectives of the Declaration of Commitment on HIV/AIDS be fulfilled.

In conclusion, we appeal to the international community to once again renew its political commitment and to contribute greater financial resources to support programmes to combat HIV/AIDS, to reduce exposure to risk of the most vulnerable groups, and to promote the building of technical capacities and transfer of technology and expertise at costs that are accessible for the most affected countries.

The President: I now give the floor to Mr. Hilary Benn, Minister of State of the United Kingdom of Great Britain and Northern Ireland.

Mr. Benn (United Kingdom): At the General Assembly's special session on HIV/AIDS two years ago, the United Kingdom's representative, Clare Short, said this:

> "We have, I am afraid, no reason to congratulate ourselves on the convening of this session. ... We have been aware of the infection for 20 years and that it was spreading out of control for at least 10 years. ...
>
> "What we need now is urgent and much more effective action" (A/S-26/PV.1).

Sadly, her words remain true today. We know — the World Bank has told us — that some African countries face economic collapse because of AIDS. Family incomes will be decimated. We know that the crisis is being made much worse by the shortage of food in Southern Africa — what Kofi Annan has called the deadly triad. We know that countries struggle to cope with millions of orphans and that these children are having to be cared for, and the fields planted, by their grandparents because a whole generation — their parents' generation — has been wiped out. We know that countries cannot provide schools for their children because their teachers are dying. We know that people are getting HIV because they lack access to reproductive health and services. We know that AIDS kills development as well as people.

And we know it is not just Africa's problem. AIDS is increasingly affecting the whole world, and we need to work just as hard to prevent epidemics elsewhere reaching the scale of those in Africa as we need to do to reduce the terrible impact we are witnessing on a continent that has suffered so much.

It is because we know all of this that we do not need any more documents or declarations. What the millions of our fellow human beings dying of AIDS need is action. So what, together, should we do?

First, we must find the money needed for this fight. The United Kingdom is the second largest bilateral donor of HIV/AIDS assistance in the world and we have already pledged $280 million to the Global Fund over seven years. We support UNAIDS. We are backing research into vaccines and microbicides and treatments. But we need to do more, and that is why the United Kingdom has proposed the International Finance Facility, because it could make a real difference.

Secondly, we must ensure that the way we offer this money actually supports what countries are already

doing, rather than makes this more difficult by demanding extra reporting or more meetings of hard-pressed staff. We need to work through nationally owned AIDS programmes.

Thirdly, we need to recognize that treatment is the most immediate and the most pressing issue. Some of us, the United Kingdom included, have been slow to see this, and we have found ourselves lagging behind developing country Governments that are desperate to use treatment to help their people. The truth is that we need to use all of the means we have to fight this disease, and we strongly welcome the World Health Organization's target of getting three million people into treatment by 2005.

Fourthly, we must start to grasp the awful inequity of four Africans dying of AIDS every minute, while in richer countries antiretrovirals make it possible for people with AIDS to return to work. Things are changing, however. Drug prices are falling, and demand is growing. The agreement reached a month ago on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and access to medicines is a significant step forward for countries that lack drug manufacturing capacity. Having won this right, let us now use it.

Fifthly, we must ensure that countries have the capacity, the staff, the hospitals and the clinics needed to deliver these drugs safely and fairly. As treatment is increasingly used in poor countries, we must make sure that it reaches the very poorest, not just the well-off and not just men.

Finally, we must recognize that while treatment is vital, so is prevention; so is care for the sick; and so is reaffirming our strong commitment to reproductive health rights and services and to working with all those at risk, including drug users, sex workers, gay men and others at the margins of some societies.

If we are honest, we should admit that we should have done more sooner, and we could all do more now. So let us leave this special session determined to do more in the future by turning our words into action. Millions of people are depending upon us, and we owe it to them to make sure that we succeed.

The President: I now give the floor to Her Excellency Mrs. Ilinka Mitreva, Minister for Foreign Affairs of the former Yugoslav Republic of Macedonia.

Mrs. Mitreva (The former Yugoslav Republic of Macedonia): Today's meeting is a good opportunity for all of us to evaluate what was done in the period following the special session on HIV/AIDS, with a view to identifying problems, constraints and obstacles, as well as recommendations for taking action to achieve further progress. I am convinced that today's deliberations will contribute to that end.

Allow me to commend the Secretary-General for his personal commitment in launching the global appeal proposing the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The complexity of this pandemic threatening humankind knows no boundaries, and requires a comprehensive response at the global, regional and local levels. Prompted by that fact, we adopted the Declaration of Commitment on HIV/AIDS at a special session of the General Assembly in 2001. In the Declaration we identified the very essence and scope of the HIV problem and committed ourselves to serious actions and activities that must be done to fight this scourge, both in terms of prevention, care, support and treatment as well as in providing resources to alleviate its social and economic impact, particularly in the most affected countries. Moreover, one of the Millennium Development Goals agreed by all Member countries is to halt and reverse the spread of HIV/AIDS by the year 2015. Time is therefore bearing down on us, given the seriousness and speed of the pandemic.

Resolved to make its contribution to the implementation of the commitments, the Republic of Macedonia took the necessary steps and adopted an HIV/AIDS national strategy for the period 2003-2006. The strategy is designed as a three-year framework for the development, implementation, monitoring and evaluation of HIV/AIDS. The strategy combines the efforts of many stakeholders active within the national multisectoral HIV/AIDS commission, established in early 2003 to develop and oversee the design and implementation of the strategy itself.

Steady progress has been made in addressing HIV/AIDS in Macedonia, but much still remains to be done. Although current infection rates in the country are fortunately low, the trends in the region of Central and South-East Europe suggest a very real potential for the rapid spread of HIV/AIDS. Those regional trends further illustrate that the failure to respond at the early

stages of the epidemic can have profound medical, social and economic costs in the long run.

At the national level, a number of gaps were identified, including the relatively small-scale nature of targeted interventions for young people and identified vulnerable groups; the limited access that exists to counselling and testing services and medical care and support, which was further reduced by continuing stigma and possible discrimination caused by ignorance; the limited availability of important biological and behavioural surveillance data relating to the spread and development of the epidemic; the relatively limited capacity within the HIV/AIDS response; and the limited nature of available resources. If we address those constraints properly and in a timely manner, the Government remains optimistic that the spread and impact of HIV/AIDS in Macedonia can be reduced substantially over the next three years.

It is clear to all of us that the fight against HIV/AIDS requires constant awareness and action. We can win the fight against this scourge only if we have a coordinated global response. The desired goal of halting its spread by 2015 will require continuing education about the disease and providing better access to adequate medical treatment and assistance. Counselling and testing should be a priority for our Governments as much as emancipation from social taboos that stigmatize both the infected and their families. Furthermore, no one should be denied health care because of high drug prices. Recent developments in that context are encouraging.

I would like to underline that the genuine partnership that exists between all stakeholders — including Governments, the private sector and civil society — provides a glimmer of hope that we can succeed in achieving the 2015 target. Failure would be too costly for all of humankind. We political leaders should therefore continue to provide political guidance and be at the frontline of the battle against one of the greatest evils of our time.

The President: I now give the floor to The Honourable Lesego L. Motsumi, Minister of Health of the Republic of Botswana.

Ms. Motsumi (Botswana): It is my honour to report to the General Assembly on the progress Botswana has made with respect to its commitment to the prevention and control of HIV/AIDS as one of the 189 Member States that, in June 2001, signed the Declaration of Commitment on HIV/AIDS.

The Declaration has provided us with a framework for an expanded response to the epidemic, with clear goals and quantifiable targets to address all dimensions of the epidemic, that is, a multisectoral response focused on reducing HIV/AIDS infection among infants and young adults, mainstreaming HIV/AIDS into education and other sectors, expanding access to health care and treatment and improving support to orphans and other vulnerable groups.

The progress we are able to report is the result of a cooperative effort by different sectors, non-governmental organizations, community-based organizations, people living with HIV/AIDS, development partners, the private sector and academic and research institutions.

With a small population of only 1.7 million people, Botswana has the unenviable distinction of recording one of the highest HIV sero-prevalence rates in the general adult population. That rate was 35.4 per cent in 2002. Faced with the looming prospect of devastation of the economy, and indeed the very fabric of society, by an epidemic on that scale, we have mounted a comprehensive response, to the extent that national resources available to us permit and with the assistance and generous committed support of our partners. His Excellency Mr. Festus Mogae, President of the Republic of Botswana, who has galvanized the political leadership of the country, civil society, religious organizations and the business sector to effect and coordinate a concerted response to the epidemic, is leading that response.

HIV/AIDS has been integrated into our ninth national development plan with a strategic framework for the period 2003-2009, which will guide the implementation of our response. All sectors including faith-based organizations and people living with HIV/AIDS are represented on the highest national HIV/AIDS policy body, and an AIDS law reform process is under way to ensure an enabling legal framework for implementation of HIV prevention and control strategies and the protection of the rights of people living with HIV/AIDS, as well as ensuring equal access to services.

Our national vision is to meet the objective of an AIDS-free generation by 2016, as well as prevention targets for young people and other vulnerable groups.

Information, education and communication, as well as behaviour change interventions and life skills programmes targeted at school-going children and the youth, are being strengthened. These include school health programmes and the establishment of reproductive and sexual health programmes that will be more accessible to young people.

Provision of services to prevent mother-to-child transmission of HIV is a high priority, and these services are now available in all public health facilities, with 34.5 per cent of eligible women opting for them.

With 35 per cent of the adult population being HIV-infected, care and support of affected persons to improve the quality of life and productivity are essential. Treatment services have been expanded with the provision of a free national antiretroviral treatment programme in seven sites in the country, with 12 per cent of the estimated 110,000 persons with advanced disease requiring treatment being placed on antiretroviral therapy. This programme is being continually expanded and an additional seven sites should be operational by the end of the current financial year in March 2004.

Counselling and testing services are an important entry point for other HIV prevention and care services. A network of voluntary counselling and testing centres, started in the year 2000, has now been expanded to 16 centres, strategically spread throughout the country, which have provided services to more than 75,000 people.

A programme and strategies to address the needs of 42,000 children orphaned by AIDS is in place, which provide mechanisms to identify and register orphaned children as well as to provide them with services to reduce their vulnerability to HIV/AIDS and its impact. The HIV/AIDS epidemic has had a profound impact on socio-economic development and the welfare of affected persons. It is estimated that HIV/AIDS has reduced the growth rate of gross domestic product by 1.5 per cent annually.

In conclusion, the commitment of the Botswana Government's own resources has amounted to about 70 per cent of HIV/AIDS expenditure. Several major challenges exist, in particular the human resources themselves, which are being reduced by the epidemic, as well as infrastructure for service provision.

We would like therefore to take this opportunity to thank all the strategic partners that have dealt with us in this area. Furthermore, I would like to encourage them to stay committed to the process, as we are beginning to see rays of hope, as displayed by the levelling off of our HIV seroprevalence rates, generally, and in the 15-19 age group, in particular, indicating that our national response, despite the immense challenges that still lie ahead, is beginning to yield positive results.

The President: I give the floor to His Excellency Dr. Ginés González García, Minister of Health of the Argentine Republic.

Dr. González García (Argentina) (*spoke in Spanish*): I have come to this Assembly to convey, on behalf of President Néstor Kirchner, his satisfaction that Argentina has made convincing progress towards the targets agreed to in the Declaration of Commitment on HIV/AIDS and is involved in joint activities with the other countries of the region, developing strategies to secure better prices and achieve broad access to antiretroviral drugs.

Before I go into any detail in this regard, I would like to note that I am sure that those of us who have met here today understand that responsibility for the quality of life of human beings is universal, not just national or local. We agree that responsibility for the scourges of poverty, discrimination and disease cannot end at the borders of every country. Every individual has the same right to have a decent quality of life, regardless of the place in which fate has determined that he or she is born.

It is clear to everyone that risks to health stem not only from lifestyles, but also from fate. Our Government is convinced that poor populations all over the world, including the poor sectors of rich countries, can change the sometimes inexorable fate of greater inequality, disease and disability. This can only be done if they are protected by vigorous action on the part of the State and society in which they live.

The Human Development Report 2003 notes that the rich countries have undermined the right of poor countries to have access to drugs that save lives at accessible prices, and exhorts rich countries to make that right a reality. It adds that we face shared responsibility in an increasingly interdependent world.

In Argentina, we have declared the AIDS programme to be protected, exempt from any risks stemming from our fiscal crisis. In 2002, we were able to preserve that programme with the support of the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS). However, this has not been enough for us. We are concerned with AIDS and are attending to it. We are convinced that a healthy people are a people educated, employed and committed to growth and progress. For this reason, we have given priority to combating AIDS. Aware of the lethal potential of this scourge, we have worked together with community organizations, which has made it possible, even in the crisis, to achieve consensus solutions. This State-civil society interaction has made it possible for Argentina to achieve far-reaching results.

Throughout our national territory, we provide 100 per cent of antiretroviral treatments free of charge, and we are now treating a total of 25,000 persons living with HIV/AIDS. We are engaged in a number of measures to prevent vertical transmission. We are providing continuing advice in primary and secondary prevention and carrying out massive campaigns to promote the use of condoms, which we are providing free all over the country. We are actively supporting the actions of networks of persons living with HIV/AIDS, civil society organizations and non-governmental organizations. We are providing technical assistance to national AIDS programmes in countries that request our assistance. We are implementing prevention programmes in federal prisons, among children in detention and those in socially vulnerable groups, as well as intravenous drug users. We have been selected by the Global Fund to Fight AIDS, Tuberculosis and Malaria for financial assistance of activities of support for the prevention and control of HIV/AIDS.

In addition to our political will, our country needs international financial support to carry out these measures on a continuous basis. In this context, the commitment of our country has been shown in its consultations and coordination with the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean and the various Latin American or international networks active in the field.

This commitment has been reflected in the fact that we have set ourselves regional benchmarks for the crucial issue of pricing. In negotiating the prices of drugs in the current process in Lima, Peru, which began in June this year, we have contributed our experience and our data bank, enabling 10 countries to have access to prices 90 per cent lower than those that they were paying previously. In 20 of the 22 areas of negotiation, Argentina has achieved the best prices in the subregion.

Chile, Uruguay, Bolivia, Peru, Paraguay, Colombia, Venezuela, Mexico, Ecuador and Argentina will be able to benefit from a joint saving of approximately $150 million, covering an additional 150,000 patients every year. Moreover, in the last international bidding process, we achieved prices that are 25 per cent below those achieved in Lima. This enables us to offer our experience, which can be replicated by other countries with the purpose of ensuring a better use of resources.

We commit ourselves to continue the development of a comprehensive policy which shall improve the quality of life of persons with HIV, ensuring continuity in the provision of drugs and monitoring and follow-up, and promoting access to the essential social services and assets, while at the same time raising awareness about the problems associated with HIV/AIDS among vulnerable population groups not yet receiving care.

AIDS can be eradicated from the world. We must work together to ensure that our victory is complete.

The President: I give the floor to His Excellency Mr. Igor Ivanov, Minister for Foreign Affairs of the Russian Federation.

Mr. Ivanov (Russia) (*spoke in Russian*): Russia attaches great importance to the coordination of international efforts with the central role of the United Nations, in order to effectively counter pressing global challenges and threats. The clear motivation given to this process at the Millennium Summit should not be lost. Member States should give the United Nations all necessary political support for the sake of attaining this goal.

Russia expects that this session of the General Assembly will make all necessary efforts for the practical implementation of the Russian initiative to establish, under United Nations auspices, a global system to counter new challenges and threats. We agree with the Secretary-General that combating a global threat such as HIV/AIDS requires a comprehensive

approach and needs to be integrated into general strategies of sustainable development for States.

The time that has passed since the Declaration of Commitment on HIV/AIDS was unanimously adopted by the international community, has shown that this document is timely and well focused. The spread of the HIV virus is one of the most deadly in the history of mankind. According to some projections, if HIV continues to spread at present rates, it may result in the deaths of almost 70 million people.

HIV is a pressing problem for Russia, which is experiencing a serious demographic crisis. According to official statistics, the number of HIV-positive individuals last June was 245,000. Unofficial data imply that the real numbers are four to six times higher.

We clearly realize the damage AIDS is causing to our country today and what disasters it may bring in the future. According to some estimates, if the epidemic is not stopped the number of HIV-positive individuals, most of them young people, may reach 5 million. That is why Russia will intensify measures to achieve a comprehensive solution to the HIV problem facing the country, and will fulfil its commitments under the Declaration.

Russia is already effectively implementing a federal programme for the period 2002-2006, providing for urgent measures to prevent the spread of the HIV virus in the country. Russia is one of the few countries that has successfully introduced a system allowing detection and monitoring, not only of people living with AIDS, but also of HIV-positive individuals, which makes it possible to prevent the spread of infection during the early stages.

In 1995 a federal law on the prevention of HIV-caused disease was passed in Russia, which guarantees and protects the rights of Russians affected by HIV. We may consider as a major achievement of the past two years, a series of special preventive measures carried out by Russian doctors, which helped considerably limit the spread of HIV infection which has so far been concentrated mostly in high-risk groups.

Much is being done to ensure active public engagement of different groups of civil society in preventing and combating AIDS. Intensive work is being conducted by the Coordination Council on HIV Problems, established under the auspices of the Ministry of Health of the Russian Federation, in which non-governmental organizations and associations have a vote and participate on an equal basis with representatives of federal ministries and government health-care agencies.

At the initiative of the Russian Federation, a plan of urgent measures to counter the spread of HIV/AIDS in member States of the Commonwealth of Independent States has been drawn up, signed and is now in the implementation phase. Various United Nations agencies, among them the World Health Organization, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund (UNICEF), the United Nations Population Fund, the United Nations Development Programme and the World Bank, as well as international public non-governmental foundations and organizations are engaged in combating AIDS in Russia.

Russia supported from the very beginning the idea of setting up the Global Fund Against AIDS, Tuberculosis and Malaria and contributed $4 million to the establishment of its organizational and legal framework. We have already invested in the Fund an overall pledge of $20 million, announced by the President of the Russian Federation.

We believe that technical and financial resources will enable us to carry out a major goal of the Millennium Declaration — to halt, by the year 2015, the spread of HIV/AIDS, which is causing the sufferings of humankind, and thereby reduce the scope of its spread.

The President: At this time I would like to give the floor to the Secretary-General of the United Nations, His Excellency Mr. Kofi Annan, to present the summary of the discussions in the informal interactive panel.

The Secretary-General: In accordance with General Assembly resolution S-26/2/2001, a high-level interactive panel on HIV/AIDS was held this afternoon. The panel was attended by ten heads of State and Government, a large number of ministers, six heads of United Nations agencies and more than 20 representatives of civil society.

The high-level panel focused on three critical areas that must be addressed with courage and determination if we are to meet the Millennium Development Goal of beginning to reverse the spread of HIV/AIDS by 2015. These include the need to

reduce stigma and discrimination, particularly against those living with or infected by HIV/AIDS, to implement and recognize the importance of broad-based partnerships that draw on the strengths and contributions of all paths of society, and the need to mobilize resources on a scale far greater than we have achieved so far.

A key theme running through the panel discussion was recognition that AIDS represents the greatest leadership challenge of our time, leadership among, but not limited to, heads of State and Government, leadership at every level of society, among faith-based organizations, community groups, the private sector and civil society organizations. That leadership must be characterized by frank and honest recognition of the impact of AIDS on our societies and the steps that must be taken in response.

In our discussions, we highlighted stigma and discrimination as some of the most formidable obstacles to future progress. They undermine the scaling up of both prevention and treatment efforts. They make already marginalized groups, which are often the most vulnerable to infection, even more difficult to reach. We also focused on the massive impact of AIDS on women and on the acute need to involve them in the response.

Equally critical is the involvement of people living with HIV/AIDS in all aspects of the fight against the epidemic. The discussion also stressed the importance of partnerships. Civil society representatives made clear that these partnerships must be based on mutual respect and recognition of comparative advantage. Political leaders recognized the need to involve civil society as a full partner in an expanded response to AIDS.

We also looked at examples of how all civil society groups are making unique and vital contributions to the struggle against AIDS at all levels. Obviously, the question of resources was of paramount concern. While resources available to the fight against HIV/AIDS have doubled since the General Assembly's special session on AIDS in 2001, they still remain woefully inadequate. Resource flows must double once again to reach the $10 billion required annually by 2005 to stem the tide of AIDS.

We stress the need to ensure adequate funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the need for the involvement of other key partners, including bilateral and non-governmental organizations.

Participants from developing countries expressed their commitment to increasing their own spending on HIV/AIDS and suggested innovative ways in which this spending could be increased. Only if HIV/AIDS is kept at the top of political and practical agendas at every level will resources flow at the pace and scale we so urgently need.

While acknowledging the formidable obstacles before us, the conclusions of the panel were not pessimistic. We are learning more and more every day about what works. Resources are increasing, and political leadership is gaining steam. But we must stay on course and redouble our efforts to remain true to the Declaration of Commitment adopted in this Hall just two years ago.

The President: I thank the Secretary-General for his statement.

I give the floor to His Excellency Alhaji Momodu Koroma, Minister for Foreign Affairs and International Cooperation of Sierra Leone.

Mr. Koroma (Sierra Leone): Launched at a time when the country is emerging from the grip of an 11-year armed conflict, the war on HIV/AIDS is one of the greatest post-conflict challenges facing Sierra Leone.

In June 2001, at a special session of the General Assembly on HIV/AIDS, our Government, among other nations, made a commitment to reduce the spread of the disease and to mitigate its impact. Following that commitment, our President constituted a Cabinet subcommittee on HIV/AIDS. The mandate of the Committee was to address the problem at the highest level of Government and to facilitate the development of a policy framework to deal with the pandemic.

In 2002, the Government collaborated with our development partners to develop a national policy on HIV/AIDS. Our policy emphasizes the principles of multi-sectorality and partnerships; respect for human rights; transparency and accountability; monitoring, evaluation and research; universal access to information and advocacy; and resource mobilization.

Through support from the United States Centres for Disease Control and Prevention (CDC), in Atlanta, we conducted, in April 2002, a national biological and behavioural survey to determine the sero-prevalence of

HIV and various related sexual behaviours in Sierra Leone. This study revealed an average national HIV prevalence of 0.9 per cent. In spite of this low rate, the Government is fully aware that conditions of poverty and post-conflict factors could exacerbate its prevalence.

In this regard, the Government, with the support of the World Bank, is implementing a four-year multisectoral programme on HIV/AIDS, and, given its importance, the programme is based in the President's Office.

HIV/AIDS is a complex and multifaceted development problem requiring both short-term containment actions and long-term, sustained and broad-based responses, including a range of activities involving virtually all levels and sectors of Government and of society. The rapid spread of the HIV/AIDS scourge would have damaging consequences for sectors such as education, social welfare, gender and children's affairs, transportation, defence, agriculture and rural development, and the mining sector, all of which are key for the future development of our country, Sierra Leone. At the same time, each of these sectors could, in turn, provide significant contributions to the overall fight against HIV/AIDS.

Ms. Polfer (Luxembourg), Vice-President, took the Chair.

The Government is presently collaborating with the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Country Team for West and Central Africa, based in Abidjan, to develop a subregional response — the Mano River Union Initiative on HIV/AIDS — designed to strengthen partnership between Guinea, Liberia and Sierra Leone in the fight against the disease. The aim is to put together a comprehensive programme to address HIV/AIDS within the Mano River Union Basin. Our Government is also collaborating with the United Nations Theme Group on HIV/AIDS to develop a national strategic plan.

But for the national and regional programmes to succeed, we need additional support from the international community, from both bilateral and multilateral donors. I want to assure the General Assembly that the Government is fully committed to action rather than just words to ensure that the pandemic is contained within our own country.

The Acting President (*spoke in French*): I call on His Excellency Mr. Erkki Tuomioja, Minister for Foreign Affairs of Finland.

Mr. Tuomioja (Finland): The Declaration of Commitment adopted at the General Assembly special session in June 2001 set a broad and challenging agenda. In the two years since our commitment, we have seen increased attention to and recognition of HIV/AIDS as a major global emergency which also threatens global security. We are here to discuss the report of the Secretary-General on the implementation of the Declaration of Commitment on HIV/AIDS (A/58/184). In this year's follow-up, we will look particularly at the policy framework.

The report of the Secretary-General highlights some of the progress made. We have seen various global initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, which serve to raise awareness of the urgency of the epidemic, as well as of the need for increased resources to tackle it. Consequently, investments in HIV/AIDS programmes at the country level have grown significantly. Positive steps have been taken at the national level regarding national leadership. Media coverage has increased. The report states that national multisectoral HIV/AIDS strategies have been created in three out of four countries. Those are good achievements, and we should not underestimate them.

However, despite increased attention and manifold action, HIV/AIDS remains one of the biggest challenges to the international community. Although sub-Saharan Africa is the most affected region of the world, there has been a rapid spread of infection in many other regions, for example in the most Eastern parts of Europe. It seems that we will not achieve many of the targets we committed ourselves to in the set timeframe. The report of the Secretary-General on the follow-up to the Declaration of Commitment confirms that time is definitely not on our side.

Let me highlight only a few of the set objectives that Finland regards to be of particular relevance at today's special session.

First, we have to ensure that all people, particularly young girls and boys, know how to avoid infection. According to the progress report by the Secretary-General, the epidemic is growing fastest among young people, who have the highest rate of new infection. Basically that means that all people, and

particularly young people, should have access to the information that will enable them to make responsible decisions. As our special focus is on young people, education systems and school curricula should be fully geared to providing youth-friendly and good-quality information on sexual and reproductive health and rights. We must not forget the out-of-school children either, who face a special risk of infection.

In that regard, I want to emphasize that respect for human rights is essential in the fight against HIV/AIDS. Discrimination and stigma are key barriers in advancing the set goals. However, knowledge is but one important element in the fight against HIV/AIDS. Eliminating discrimination against women and girls and gender-based violence must have a central role in our joint efforts. HIV transmission linked to trafficking for the purposes of sexual exploitation is a tragic example of the violation of the human rights of women, girls and boys.

Finally, while we are increasing our endeavours to meet the unprecedented and urgent needs of access to treatment and care, it has become evident that we cannot make progress in that regard if we do not at the same time tackle the problems of sustainability and harmonization of interventions. In view of the immense economic impact the pandemic is having in several countries, I wish to emphasize the need to carry out this work closely with the implementation of poverty-reduction strategies. In that connection, I would like to mention the Joint United Nations Programme on HIV/AIDS (UNAIDS), which is doing impressive work, including strenuous efforts at collecting data, doing advocacy globally and providing guidance and norms for the use also far outside the ambit of the United Nations system itself. Finland warmly supports UNAIDS in those efforts and will continue to contribute to its work.

Our focus today is on policies. But however good the policies and strategies are, they do not matter if they are not implemented at the country level. That will be our major challenge in the next few years.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. George Iacovou, Minister for Foreign Affairs of the Republic of Cyprus.

Mr. Iacovou (Cyprus): Three decades after the first AIDS case was reported, humankind is faced with a global and persistent humanitarian disaster that has gravely affected entire geographic regions. Our inability to substantially contain the number of infections and to formulate multidimensional policies to combat the HIV/AIDS pandemic is resulting in 2 million deaths a year. Poverty and increasing inequalities in the distribution of wealth, socio-economic underdevelopment, gender inequality, illiteracy, restricted access to information and armed conflict inhibit our efforts to arrest the spread of HIV and AIDS.

We welcome the achievements of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We also welcome the work of other agencies within the United Nations system, and commend them for their dedication to prevent and monitor the disease and, above all, for their support for individuals and communities. Their efforts, in combination with the considerable growth in HIV/AIDS treatment-related expenditure, point to the immensely significant role of the United Nations in fighting the pandemic. We believe that a successful strategy should include programmes operating at the regional level to complement national programmes. The implementation of existing agreements aimed at making HIV medication affordable in developing countries must also be ensured. Such an endeavour could well prolong the lives of millions of sufferers in some of the most deprived areas of the world.

My delegation has aligned itself with the statement made earlier by the Minister for Foreign Affairs of Italy on behalf of the European Union. I would therefore like to take this opportunity to make a few remarks on the HIV/AIDS situation in Cyprus.

Since the diagnosis of its first AIDS case, in 1986, Cyprus has considered this issue to be among its highest priorities. We believe that to be one of the main reasons why the incidence of the disease remains at a very low level in our country, with 0.1 per cent of the population being infected. All the initiatives pursued by the Government of Cyprus since 1986 have been conducted in close cooperation with the World Health Organization (WHO); for whose advice and overall contribution we are very grateful.

We have now established the National AIDS Committee, which is comprised of governmental authorities and departments, private institutions and non-governmental organizations. We have also set up a specialized agency whose primary function is to offer patients living with HIV and AIDS, at no cost, the most

advanced combination of medical treatments and the necessary social support to sustain their quality of life. The National Committee also acts as a mechanism against discrimination against HIV-positive citizens. It has targeted public awareness, especially among high-risk groups, as a tool to maintain the existing low rate of infection. Even though data patterns regarding HIV infection have remained stable over the past two years, the situation continues to be closely monitored. We are currently drafting a new strategic plan, which will incorporate, on a continuing basis, all new developments regarding HIV/AIDS.

Lastly, we have developed and updated a comprehensive legal framework, which is intended to safeguard the equal treatment of all citizens, regardless of their health status. It forms the basis of our attempts to eliminate any stigma associated with AIDS. I wish to reiterate our determination to maintain an active interest at the national, regional and international levels in order to maximize the efficacy of our actions.

We should not permit this impressive initiative by the Secretary-General to fail. We must collectively mobilize the resources of the international community in order to restrict the pervasiveness and impact of this ruthless and tragic pandemic.

The Acting President (*spoke in French*): I call on His Excellency Mr. Tonino Picula, Minister for Foreign Affairs of the Republic of Croatia.

Mr. Picula (Croatia): As we assess today our progress in the first time-bound targets set out in the Declaration of Commitment on HIV/AIDS, it is clear that much still needs to be done, as the challenges posed by this epidemic remain as great as ever. In that respect, my delegation would like to stress the importance of the report of the Secretary-General (A/57/184), which undoubtedly warns us of the fact that, despite all the measures that have been taken by States so far, they are still insufficient to halt the negative impact of the epidemic on our societies or to reduce the number of new cases.

Parallel to global efforts, national policy-makers need to be held accountable in the fight against HIV/AIDS. Therefore, in looking for a holistic approach, Croatia has taken a number of measures nationally. Even prior to the special session, the Ministry of Health had already established a Commission for the Prevention of HIV/AIDS in 1990. The Commission drafted a National Programme for Protection against AIDS, which was adopted by the Government in October 1993. That Programme established a comprehensive approach addressing HIV/AIDS-related problems, including the introduction of triple antiretroviral therapy as part of the Government's Medicare policy, as well as of approval of other necessary medication and therapy.

In order to widen the scope of action, the Commission was replaced by a National Committee for the Suppression of HIV/AIDS, which has taken it upon itself to update its working methods and review the National Programme in order to meet the policy targets set in the Declaration.

Although less than 300 cases of HIV/AIDS infection have been recorded in Croatia, we are fully aware of the fact that Eastern Europe, along with Central Asia, has the fastest-growing HIV/AIDS epidemic rate in the world. Therefore, the Croatian Government is focusing on policies and strategies that will make the public more sensitive to the HIV/AIDS issue, while at the same time trying to engage civil society in the national response to the epidemic.

At the same time, considering that high-risk groups include intravenous drug users and sex workers, regional efforts to prevent trafficking in persons and drug smuggling are very important. As part of the national commitment, campaigns have been organized through electronic and print media and lectures for the general public and the most vulnerable groups — children, women and girls. Written materials and brochures are being widely distributed and education programmes in schools and universities — targeting teachers, students and risk groups — have been initiated. Major progress has been achieved and a great deal of effort has been invested in coordinating the activities of the Government and the non-governmental sector. As a result, the Ministry of Health subsidizes the work of several non-governmental organizations, as well as health institutions dealing with HIV/AIDS-positive patients.

In Croatia several international organizations work with the Government and national non-governmental organizations in fighting the HIV/AIDS pandemic. These include, first and foremost, the United Nations and the World Bank, as well as a plethora of United Nations specialized agencies and programmes. Croatia would especially like to express its appreciation to the United Nations Children's Fund

(UNICEF) for the education- and prevention-sponsored programmes it started with the Children's Hospital in Zagreb, as well as programmes aimed at risk groups throughout Croatia, including youth.

Mention should also be made of Croatia's participation in the United Nations Global Fund to Fight AIDS, Tuberculosis and Malaria. Croatia's programme, which was approved by the Fund in January 2002, is being used to build upon existing programmes and can be viewed as a programme of action for Croatia's National Programme for Protection against AIDS.

I am particularly pleased to inform members that, as of this autumn, in collaboration with the World Health Organization (WHO) Regional Office for Europe, Zagreb will become one of three "knowledge hub" centres for central and South-Eastern Europe. The Centre will be operated within the framework of WHO capacity-building projects to fight HIV/AIDS and through German funding. Joint efforts of this project will focus on enhancing the system of prevention and monitoring HIV/AIDS cases in the region, where, according to WHO, it is estimated that more than one third of those suffering from AIDS remain unregistered.

Finally, my delegation hopes this meeting will provide a pertinent benchmark on whether nations are serious in their resolve to establish an enabling policy environment, which sets the stage for the programme and impact targets of 2005 and 2010. Moreover, it should help to articulate a clear vision of the work to be done, so as to restore momentum and much-needed political commitment and leadership in those areas where progress is lagging.

The Acting President: I call on His Excellency Mr. Sinha, Minister for External Affairs of the Republic of India.

Mr. Sinha (India): I am happy to represent India at this meeting. It is appropriate that this high-level plenary meeting, at the beginning of the fifty-eighth session of the General Assembly, should consider a subject that has become not only an overriding concern for the entire international community, but also a serious humanitarian crisis.

India strongly supports the Declaration of Commitment on HIV/AIDS, adopted at the twenty-sixth special session of the General Assembly. We welcome the recent efforts of the G-8 to address effectively the urgency and gravity of the HIV/AIDS epidemic. At the same time, we would like to express grave concern over the fact that the HIV/AIDS epidemic remains a global emergency, undermining social and economic development throughout the world, particularly in the developing countries.

The 2001 special session of the General Assembly set certain time-bound targets for 2003 relating to the establishment of an enabling policy environment. Let me share with Members some of the steps that India has initiated with the aim of strengthening political advocacy and implementing a multi-pronged strategy for dealing with the problem of HIV/AIDS. A year-and-a half ago, our Prime Minister launched a parliamentary forum, cutting across political party lines on HIV/AIDS. A national convention of this forum was convened earlier this year involving elected representatives from across the country, with a view to translating the consensus at the national level to action at the grassroots level. That convention was inaugurated by the Prime Minister.

A comprehensive National AIDS Control Programme is in place in India, covering the entire length and breadth of the country. This programme seeks to put in place a wide range of preventive programmes dealing with care, support and treatment, access to information, education and services, as well as strengthened anti-discrimination units and human rights protection for HIV/AIDS infected people.

Protection of the rights of the HIV/AIDS infected population is an important responsibility, which we acknowledge and seek to address. We are determined to protect the vulnerable, ensure non-discrimination, enhance provision of health care and secure access to socio-economic rights.

The National Programme on AIDS includes campaigns to eliminate the stigma and discrimination faced by HIV-positive people. Voluntary counselling and confidential testing centres have been established to provide social and psychological support to HIV patients. Our approach to counselling is non-coercive, cost-effective and inclusive. Special emphasis has been placed on the right to privacy of individuals vulnerable to HIV. Also, the empowerment of women through sensitization and education is seen as an essential part of reducing their vulnerability to HIV.

The agreement reached on public health related issues, in particular on access to affordable medicines to combat epidemics, is a welcome and positive step. Such access for people in developing countries is among the most effective elements of public health policy aimed at reducing mortality and infection rates of scourges such as HIV/AIDS. We are, indeed, gratified that Indian pharmaceutical companies are producing antiretroviral AIDS drugs at relatively affordable prices.

There is a need for accelerated efforts to step up medical research in the field of HIV/AIDS. Governments should be at the forefront of such efforts and not leave the responsibility entirely to the private sector. The international community should also pool its technical expertise and resources for this purpose.

It is evident that political intervention and the adoption of national strategies, while essential, do not by themselves ensure the achievement of the impact targets that we have established for 2005 and 2010. While the primary responsibility for dealing with AIDS rests with national Governments, we believe there is greater need for international solidarity and burden sharing.

We believe that the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria has been a significant development. India was a member of the transitional working group that led to the creation of this Fund. We hope that the Fund will live up to its promise. We hope that both the developed and the developing countries will together fight this scourge, and that the war against HIV/AIDS will now enter a decisive phase.

The Acting President (*spoke in French*): I call on Mr. Mizanur Rahman Sinha, Minister of State for Health and Family Welfare of the People's Republic of Bangladesh.

Mr. Sinha (Bangladesh): I am honoured to be here today on this very important occasion to share with you our concerns, experiences, and challenges in the fight against HIV/AIDS.

Bangladesh is very committed to addressing issues of public health, including HIV/AIDS. Bangladesh, with its population of 130 million, is still fortunate to be a low-prevalence country. The number of HIV positive cases in Bangladesh have been estimated as 13,000 by the Joint United Nations Programme on HIV/AIDS and the World Health Organization. But at the end of World AIDS Day 2002, the number of our reported cases was 248, out of which 26 developed AIDS and 20 died.

The commitment to fighting the HIV/AIDS epidemic dates back to the very early stages of the epidemic in the world. The Government of Bangladesh, under the dynamic leadership of the Honourable Prime Minister Begum Khaleda Zia, has placed HIV/AIDS as a top priority. It started with the formation of the National AIDS Committee in 1985 and it has its representation at high and senior levels with broad based membership from all the key sectors. The Honourable President of Bangladesh is its chief patron and the chair is the Honourable Health Minister.

Under the National AIDS Committee are the Technical Committee and the Motivation cum Publicity and Monitoring and Evaluation sub-committees.

Leadership and policy guidance is paramount for the success of any HIV programme. Bangladesh has this leadership, policy guideline and support with a dynamic National Policy on HIV/AIDS and Sexually Transmitted Disease (STD) related issues, which forms the basis of support for its programme of action against HIV/AIDS and other STDs.

Under the leadership of the Government and based on the status of HIV/AIDS and the context within which it occurs, efforts to revise and update the five year national strategic plan are in progress so as to ensure that AIDS is adequately and effectively tackled in the country.

In addition, related programmes, including the Safe Blood Transfusion Programme, Injection Safety, Policy on the Prevention and Control of Hepatitis B, are also underway. The Parliament has passed legislation on Safe Blood Transfusion and the 98 centres for ensuring safe blood through screening for HIV, hepatitis B and C, malaria and syphilis are in place. Twenty more centres will be established to further strengthen the programme. This programme has, over the last three years, succeeded in markedly reducing the number of professional donors and has remarkably increased the number of voluntary and replacement donors. Moreover, drastic reduction has occurred in the seroprevalence of hepatitis B and C and syphilis in donated blood.

Universal precautions and infection control are the major concern of our Government and we are in the process of finalizing a National Policy on Injection Safety.

Bangladesh has a well developed and technically sound sera and behavioural surveillance system, which has been in operation for the past four years. It has provided valuable data on seroprevalence of HIV, behavioural trends and the associated risk factors and it has assisted in the mapping of the most vulnerable groups that require special and focused interventions. We are happy that we are still a low-prevalence nation for HIV, having a prevalence of 0.3 per cent among our most high-risk population.

Bangladesh is a country with strong religious and cultural values and we believe this has helped our nation to remain low-prevalence for HIV up to now. Religious motivation is being regularly conducted for mass awareness of prevention of HIV/AIDS and Sexually Transmitted Infections (STIs).

However, we are also aware of our immense vulnerability, stemming from our large population size, high illiteracy rate, poverty, internal and external migration, the fact that we are surrounded by high-prevalence countries and the documented high-risk behaviour in our most vulnerable population groups. Moreover, the surveillance data show that there is a rising trend of HIV among injecting drug users. Our Government is determined to keep Bangladesh as a low-prevalence nation and for this we are working closely with non-governmental organizations and development partners, as we recognize that the fight against HIV/AIDS has to be through partnership and close collaboration with non-governmental organizations, communities and development partners.

We believe that the response has to be multisectoral. The Government of Bangladesh attaches the highest priority to the prevention and control of HIV/AIDS with a multi-sectoral approach, involving the Ministry of Health and Family Welfare as the lead ministry and other related ministries. The Government of Bangladesh, in collaboration with the United Nations theme group, has established the expanded theme group that reflects the national multi-sectoral approach to HIV/AIDS and puts emphasis on the effective coordination of input from different partners.

More informative and operational research is required to help improve the measures to limit the spread of HIV in the country, while the use of already available tools and experience from within and without is being pursued with utmost urgency and intensity. Monitoring and evaluating the effectiveness and impact of diverse inputs and contributions remains a big challenge. In that regard, we need support from international agencies.

Bangladesh is the one of largest providers of United Nations peacekeepers in the world. HIV infection among our armed forces personnel remains commendably low, despite their deployment in high-risk areas overseas as United Nations peacekeepers. Out of the 44,000 peacekeepers we have deployed thus far, only 0.3 per cent have been found to be sero-positive for HIV. That is due to an intensive and comprehensive programme, initiated 1989, to reduce the risk of the transmission of HIV and other sexually transmitted diseases among armed forces personnel.

Bangladesh has received funds from International Development Association credits for HIV prevention and for the strengthening of our national programme, which will be disbursed this year in order to carry out a massive expansion in our intervention programme. In addition, Bangladesh recently signed an agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria to finance our HIV/AIDS proposal. That proposal aims to work with young people in order to raise popular awareness about long-term prevention of HIV/AIDS. Along with a group of non-governmental organizations, the Government of Bangladesh has also submitted other proposals that are now being reviewed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, as Bangladesh has the fifth largest tuberculosis burden in the world, and given the close link between tuberculosis and HIV, Bangladesh needs international support in that regard as well.

On behalf of our Government and our country, I wish to say that I am happy to see that the General Assembly is focusing on HIV/AIDS. I believe that for low-HIV-prevalence and developing nations such as ours, prevention is a big challenge in confronting the epidemic, especially given the fact that the focus is currently on countries where the epidemic is already well-established. We look forward to help and cooperation from the international community to face the challenge of remaining a low-HIV-prevalence nation and so that we can prove that a large-scale epidemic can be avoided in a country.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Anastasios Giannitis, Alternate Minister for Foreign Affairs of the Hellenic Republic.

Mr. Giannitis (Greece): Our discussion today to follow up the General Assembly's 2001 special session on HIV/AIDS is indeed proof of the fact that we are all aware that the fight against AIDS is a global challenge. Awareness is the first step in coping with AIDS, and the Member States of the United Nations have already achieved that awareness. Obviously, however, that is not enough.

AIDS is a pandemic that concerns us all. It is only natural that the United Nations should take the lead in dealing with it by mobilizing Governments, civil society, the private sector, non-governmental organizations and people living with AIDS at all levels. Each day 14,000 people, half of them aged 15 to 24, are newly infected, thereby adding to the epidemic's staggering impact on health and on the social and economic stability of nations. In some parts of sub-Saharan Africa young women are now up to six times more likely than young men to be infected with HIV. The problem has reached the dimensions of a social, economic and even demographic catastrophe, especially in developing countries. The already existing differences between North and South are thereby exacerbated, as developing countries have to cope with a disproportionate share of the global burden in the fight against AIDS.

The Declaration of Commitment on HIV/AIDS, adopted by the special session of the General Assembly on HIV/AIDS in June 2001, represents a momentous milestone in the global struggle against this epidemic. It establishes for the first time ever time-bound targets for which individual Governments and the international community may be held accountable. It calls for concerted action to prevent new infections and to reduce vulnerability; enhance access to care, support and treatment; protect human rights; empower women; mitigate the epidemic's impact and mobilize sufficient resources to support essential endeavours.

We believe that the progress achieved recently in the crucial matter of access by developing countries to medication is indeed an encouraging sign. We hope that concrete results will ensue as soon as possible, as they would be extremely beneficial to our common struggle against AIDS. As a member of the European Union, Greece fully subscribes to the statement made earlier today by the Italian presidency of the Union on behalf of the member States of the European Union. Moreover, my country fully shares the European Union's commitment to combat and eradicate the AIDS epidemic and its destructive consequences, as expressed in the European Union declaration, issued at the international conference on support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, held in Paris on 16 July 2003. In particular, we believe that the Global Fund to fight AIDS, Tuberculosis and Malaria is developing into a viable mechanism for the financing of HIV/AIDS and other health programmes in developing countries. The Fund represents a significant opportunity to make progress in the fight against AIDS on an international scale and to make progress in reaching the Millennium Declaration Goals in general.

At the European Council meeting held last in Thessaloniki, the member States of the European Union reaffirmed their commitment to fight the epidemic. They called upon the Commission of the European Union and upon member States to make a substantial long-term contribution to financing the Fund. They also pledged their support to the international donors and partners conference, held in Paris, at which Greece pledged 250,000 euros. We believe that the Global Fund can provide powerful encouragement to everyone involved in the fight against HIV/AIDS.

Apart from our efforts at the international level, we in Greece have spared no effort in combating the epidemic. In addition to improving monitoring activities and intervening to control communicable diseases, in 1992 the Ministry of Health and Welfare established the Hellenic Centre for the Control of Infectious Diseases. Its objectives are to combat, monitor, support and coordinate all actions aimed at effective and timely prevention of HIV and to treat infectious diseases.

It should be noted that Greece's population appears to have a lower HIV-incidence rate — 48.8 incidents per million — than the European Union as a whole, whose infection rate in 2000 was 57.5 per million. In addition, the significant decline in AIDS-related deaths in Greece since 1997 is due to the 1996 introduction of highly active antiretroviral therapy, which delays the progression of disease, and therefore death. Antiretroviral medicines are free of charge for the infected population, as well as for immigrants. The

successful results achieved in Greece are an indication of the fact that if we wish to cope with the pandemic efficiently, we have to deal with its social and economic aspects, which are equally important, as well as with the medical aspect of the disease itself.

Despite the progress achieved in my country, we have no illusion that the HIV/AIDS epidemic can be coped with, let alone eradicated, at the national level. Systematic international mobilization must continue for years to come. Success will be achieved only once the epidemic is under control on a global scale. In closing, therefore, we would like to call upon all interested parties to maximize their efforts to implement the Declaration of Commitment. For our part, I can assure the General Assembly that we will continue assume our share in that endeavour to the best of our ability.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Dr. Christine Nebout Adjobi, Minister in Charge of the Fight Against HIV/AIDS of the Republic of Côte d'Ivoire.

Dr. Nebout Adjobi (Côte d'Ivoire) (*spoke in French*): On behalf of the people of Côte d'Ivoire, its President, His Excellency Mr. Laurent Gbagbo, and the Government of National Reconciliation, I would like to thank the United Nations for the important role it plays in the fight against HIV/AIDS. Indeed, the Declaration of Commitment, signed on 27 June 2001 during the twenty-sixth special session of the General Assembly on HIV/AIDS, is now enabling various countries to intensify their response to the disease.

I would ask you, Madam President, to transmit to the Secretary-General, Mr. Kofi Annan, our most sincere thanks for his involvement in the resolution of the Ivorian conflict, which has allowed for positive developments in the security situation. We would like to thank him for this and to express to him the gratitude of the entire Ivorian people. Indeed, his interest in that West African country is such that, on 18 September, International Peace Day, he will be addressing the Ivorian people and sending them a heartfelt message of encouragement. We should like to thank him for this.

My country, Côte d'Ivoire, signed the Declaration and has translated it into reality by undertaking a number of steps, including the drawing up of a national plan to combat HIV/AIDS and sectorial plans, and the inclusion of the HIV/AIDS dimension in the strategic plan to reduce poverty.

Other steps include participation, at the subregional level, in the implementation of joint projects to combat infection, including a plan for a corridor to combat AIDS on the Abidjan-Lagos highway, and the Mano River project, which brings together those African countries that have been victims of armed conflicts, and which will enable us to organize special activities to combat HIV during conflicts.

Also key will be the growing involvement of civil society, of the private sector and of individuals living with HIV in combating the pandemic. Indeed, Côte d'Ivoire's rate of infection is now 10.4 per cent, which makes it the most affected country in the West African subregion.

In addition to those measures, Côte d'Ivoire has drawn up policies that will enable us to strengthen its national response to the pandemic. These include a national policy on blood transfusions; a policy to prevent mother-to-child transmission of HIV; and a policy of access to antiretroviral medications. In this regard, let me recall that Côte d'Ivoire took part in the pilot phase of the Joint United Nations Programme on HIV/AIDS (UNAIDS) access to antiretroviral medications initiative. It is regrettable, however, that, due to the scarcity of resources, that, out of nearly 14,000 recorded cases, only 3,000 or so persons have been given access to antiretroviral drugs.

Other aspects of the Declaration are currently the topic of joint action designed to strengthen laws with a view to reducing discrimination of all kinds; the drawing up of policies and strategies to ensure a favourable environment for AIDS orphans; and the speeding up of research aimed at the development of a vaccine against HIV. I should like to point out here that Côte d'Ivoire will soon take part in a research project on child vaccines, thanks to North-South cooperation — among Italy, UNESCO and Côte d'Ivoire.

All of these steps have been made possible through the commitment of our head of State, who has given high priority to the combat against this pandemic by creating a Ministry specifically charged with combating HIV/AIDS. That Ministry is mandated with, inter alia, organizing, coordinating and following up on all activities to combat HIV/AIDS; mobilizing resources; and organizing a campaign to intensify the national response.

At this stage, I should like to welcome the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In June 2001, during the twenty-sixth special session of the United Nations, Côte d'Ivoire stated: "We know what must be done, but we need the resources." Today we are eligible for the Global Fund, and we are full of hope.

I should like to make the following request: that procedures for the securing and disbursement of funds be streamlined, in order to enable a speedier and more effective response to HIV/AIDS, because not only does that disease thrive in conditions of ignorance and poverty, but its spread is also facilitated when we are slow to act or when there are delays in funding. Let us have confidence, and let us move quickly in order to save humankind.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Alain Moka, Minister of Health and Population of the Republic of the Congo.

Mr. Moka (Congo) (*spoke in French*): Two years ago, here in New York, a special session of the General Assembly was held — a historic session, because it was devoted to combating one of the greatest evils of modern times, HIV/AIDS.

We would like to reaffirm the relevance of the texts emanating from the twenty-sixth special session devoted to the pandemic, while welcoming the initiative taken by the General Assembly of convening this high-level meeting.

Congo, which endorsed the Declaration of Commitment on HIV/AIDS, has taken relevant actions, including a planning process that has made it possible to create a strategic national framework to combat AIDS for 2003-2007, on the basis of decentralization and a multisectoral approach; and a national council to combat HIV/AIDS, under the highest authority of the head of State himself.

Every region of our country has a departmental committee to combat AIDS, under the chairmanship of the regional prefect. Similarly, every region — with the involvement of civil society and of most ministerial sectors — has prepared its own plan of action, thus making it possible to implement the multisectoral strategic approach. These various components of our response to the epidemic are complementary and synergistic.

In the context of the provision of care for persons living with HIV/AIDS, the Congo has just launched an initiative to improve accessibility of antiretroviral drugs. The implementation of this initiative has made it possible to make such drugs available, which are dispensed and prescribed in the context of tracking procedures and at low cost.

As far as reduction of the rate of mother-to-child transmission, two projects are under way in the two main cities of the country, Brazzaville and Pointe-Noire. Those projects are being carried out by the French Red Cross — one with the support of the European Commission, and the other by the Ministry of Health and Population, in partnership with the Congo Assistance Foundation, headed by the First Lady.

Similarly, in partnership with United Nations system agencies, a number of prevention programmes are targeting various vulnerable groups. These include the prevention programme in the country's schools, which is backed by the United Nations Development Programme. That programme, based on the promotion of psychological and social skills, peer education and participatory teaching, has made it possible to develop a partnership on HIV/AIDS among pupils, teachers and parents.

I should like also to mention the pilot project to support orphans and other vulnerable children, backed by the United Nations Children's Fund (UNICEF) and the World Food Programme.

At the subregional level, an initiative designed to reduce vulnerability and the risks associated with HIV/AIDS and sexually transmitted diseases, in the context of morbidity, is under way. This initiative involves the countries that border the Congo, Ubangi and Chari rivers. The four countries involved — the Congo, the Democratic Republic of the Congo, the Central African Republic and Chad — are in talks with the African Development Bank for the financing of the subregional programme, whose implementation is set for November 2004.

Similarly, a programme to combat HIV/AIDS for the members of the Economic Community of the Central African States. For its part, the Congo, consistent with the commitments it undertook under the Abuja Declaration, has decided to increase its contribution to the implementation of the national plan

to combat AIDS by 1 billion CFA francs, or $1.6 million.

In consolidating that effort, Congo expects much from its partners, particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria. In that regard, we hope the international community will make available to the Global Fund resources that will enable it to effectively support anti-HIV/AIDS efforts, particularly in developing countries. We take this opportunity to thank in particular the World Bank, with which Congo negotiated a grant agreement for the partial financing of our anti-HIV/AIDS strategy.

The commitment of Congo authorities at the highest level in the fight against HIV/AIDS no longer needs to be demonstrated. The President of the Republic, His Excellency Mr. Denis Sassou Nguesso, has shown that commitment by personally chairing the national anti-HIV/AIDS council. He has included the fight against the pandemic among the priority focuses of his seven-year New Hope programme. He has also placed top priority on anti-AIDS social mobilization actions, appealing personally to all Congolese men and women, during the council's establishment ceremony, for a revolution in thinking so that their behaviour will meet the requirements of the fight against the disease, whose ravaging effects hinder the development of nations.

Congo hopes that the outcome of these meetings will strengthen strategies that will enable us to attain the objectives of the special session devoted to HIV/AIDS, and that this high-level debate will be part of a quest for the international synergy needed to tackle the challenge uniting us today: saving human lives.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Carlos Saavedra Bruno, Minister for Foreign Affairs and Worship of Bolivia.

Mr. Bruno (Bolivia) (*spoke in Spanish*): At the outset, I am pleased to express heartfelt congratulations to Mr. Julian Hunte on his well-deserved election as President of the General Assembly at its fifty-eighth session, and particularly of these high-level meetings devoted to the treatment of HIV/AIDS.

Fortunately, Bolivia is a State where the AIDS epidemic remains in its early stages: we have a very low prevalence rate of no more than a few thousand cases. However, our country's low index does not make us forget the enormous damage and the grave threat represented by this disease at the global level. Accordingly, we have the absolute conviction that this is an evil that must be fought through a joint effort by all countries and peoples of the world. We believe that the support of the United Nations must continue and that the Organization must broaden its activities in underdeveloped countries, especially those with very few economic resources. In that connection, we appreciate and support the Joint United Nations Programme on HIV/AIDS, whose work is fundamental to the fight against the disease in our nations.

In its plan of action, the Government of Bolivia has labelled the problem of HIV/AIDS a priority public health issue and has identified stigmatization and discrimination as among the great obstacles in the fight against this disease. Therefore, we value the fact that the world campaign is focused on stigma, discrimination and human rights. Bolivia's Ministry of Health and Sport — in accordance with the commitments undertaken in the General Assembly on HIV/AIDS — has completed a strategic plan for preventing and controlling HIV/AIDS for 2003 to 2007, together with an AIDS bill. Representatives of civil society — especially associations and organizations related to AIDS patients — participated actively in the elaboration of both instruments. The AIDS bill has been submitted to the National Congress through the ombudsman's office so that it can be addressed and adopted in the current legislative term. My country believes that AIDS cannot be addressed solely from the medical perspective. That is why the new national provisions consider social, humanitarian, educational, economic, cultural, political and legal aspects, opening up a new horizon in the country's fight against AIDS.

Mr. Andrianarivelo-Razafy (Madagascar), Vice-President, took the Chair.

However, Bolivia is experiencing enormous economic difficulties that greatly limit our capacity for action. We need greater international support, which is why we encourage the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to consider favourably our request for resources.

Nevertheless, despite our financial limitations, the Bolivian health system provides comprehensive care services to patients in monitoring and referral centres throughout the country. In addition, through a project of cooperation with the Brazilian AIDS

programme, we have obtained 100 two-year antiretroviral treatments, extendable for two more years. That donation will be effective as of November 2003.

My Government will continue working on prevention, follow-up and monitoring of the disease as well as on providing greater care for all patients. We wish to reaffirm our commitment to continue in the fight against the disease, thereby contributing to the Secretary-General's enormous efforts for a better life and health for all of humanity.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Ashock Jugnauth, Minister of Health and Quality of Life of the Republic of Mauritius.

Mr. Jugnauth (Mauritius): Allow me at the outset to express my gratitude for the honour and privilege of addressing this gathering on behalf of the Government of the Republic of Mauritius. When heads of State or Government adopted the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), in June 2001, a major step forward was taken in our fight against the epidemic. However, the main challenges were still to come with the implementation of the commitments in the Declaration. Indeed, it is very encouraging to note today that many countries are very much concerned about the prevalence and incidence of HIV/AIDS, and that many efforts have been made by each Member State to address the problem in line with the provisions in the Declaration.

As the Assembly is aware, Mauritius is situated in sub-Saharan Africa, where HIV/AIDS remains a major cause of concern. Fortunately, Mauritius can still be considered a country with a low prevalence of HIV/AIDS, with an infection rate of 0.08 per cent in a population of 1.2 million. However, with the population's changing lifestyle and high mobility, there is a high risk that the incidence of AIDS cases will increase.

The fact is that Mauritius is a tourist island, visited by more than half a million tourists yearly, and there are also migrant workers in our export-processing-zone sector. Thus, the presence of tourists and foreign workers can be a potential factor for the spread of HIV/AIDS in the local community. Between 1987 — when the first AIDS case was registered in Mauritius — and August 2003, there were 557 notified cases, of whom 89 were non-residents and 468 were Mauritians.

The Government of Mauritius has taken a number of positive actions to maintain the low prevalence of HIV/AIDS. Of course, we have not wrought any miracles, but instead we are adhering strictly to the commitments undertaken in June 2001. In fact, actions enunciated in the Declaration of Commitment were already being implemented prior to its adoption in 2001. In Mauritius we have been proactive at all times in combating the spread of HIV/AIDS.

The Government of Mauritius strongly believes in commitment to leadership. We are convinced that, without good leadership at all levels, no progress can be achieved in any field. Accordingly, we have not only developed a multisectoral HIV/AIDS Strategic Plan, but we have also revived and re-engineered the National AIDS Committee. It is now presided over by no less than the Deputy Prime Minister and Minister of Finance and comprises 13 other Ministers, representatives of governmental and non-governmental organizations, the private sector, parliamentarians and people living with HIV/AIDS, to monitor and ensure smooth implementation of the Strategic Plan. Besides, Mauritius is playing a catalyst role both at regional and subregional levels; for example, within the Indian Ocean Commission, the Southern African Development Community and the Eastern, Central and Southern African Health Community.

Regarding the targets set in the Declaration for prevention strategies, I am glad to mention that, with a view to reducing HIV prevalence among young men and women aged 15 to 24, the Government of Mauritius has set up a National Youth AIDS Network. This network is promoting peer education, and it has developed an action plan that has been prepared by the youth for implementation by the youth. Additionally, structured information, communication and educational campaigns are carried out among high-risk groups. I must also indicate that in Mauritius our policy of blood-transfusion safety has been consolidated and we are already implementing universal precautions in all health-care settings, with a view to preventing the transmission of HIV infection in these facilities.

The Prevention of Mother-to-Child Transmission Project, in keeping with the Declaration, is being implemented since 2000. Under this scheme, all HIV-infected pregnant women are given medication as from

the twenty-sixth week of gestation, followed by an elective Caesarean section. Newborns are given antiretroviral drugs for the first six weeks of life, together with a free milk supply for a period of two years, in lieu of breastfeeding. The results are indeed very encouraging. In fact, since the implementation of the project over three years ago, 32 HIV-infected pregnant women and their babies have been followed up and none of the babies has been infected.

In Mauritius we also strongly believe that, along with prevention, care, support and treatment should be integrated in a comprehensive and holistic package when dealing with HIV/AIDS.

We have also learned a good lesson, which is that failure to maintain a balance between prevention and treatment has resulted in a considerable reduction in prevention strategies, thereby increasing the risk for further rise in the incidence of infection. In that respect, in following up the commitment taken by Mauritius in June 2001, in addition to strengthening our prevention activities, we have been providing, since April 2002, antiretroviral drugs free of any user cost to all HIV/AIDS patients.

In Mauritius, the National AIDS Committee has already given its agreement for the drafting of comprehensive legislation aiming at protecting the rights of people living with HIV/AIDS.

With reduced vulnerability among women and girls, the welfare State in Mauritius has been further consolidated to provide economic opportunities for women and free education to all, from pre-primary to tertiary-level education.

To alleviate poverty, Mauritius is implementing a poverty alleviation programme aimed at promoting equality, equity and the empowerment of women.

To conclude, allow me to state that, although much has been achieved in Mauritius regarding the implementation of the Declaration of Commitment, we have yet to face the most difficult challenges. For that purpose, despite the commitment of political leaders and the willingness of other local stakeholders to serve, our fight against HIV/AIDS can be successful only with strengthened regional, subregional and global partnerships. Here, I wish to mention that international donors perceive Mauritius as a low-priority country for assistance. The Global Fund to Fight AIDS, Tuberculosis and Malaria did not approve a proposal from Mauritius for the second round, and we have not been included in the list of eligible countries for the third call, in view of our high gross domestic product and low prevalence of AIDS.

But, I must immediately stress that, although the prevalence rate is low, the incidence of HIV is increasing year after year. Accordingly, I believe that low-prevalence countries should also be considered for assistance, with a view to ensuring that the low-prevalence rate is maintained. In this respect, I appeal to multilateral donors, including the Global Fund, to review their policy for the allocation of funds for HIV/AIDS programmes. I am fully confident that, if each Member State receives adequate resources and adheres to the commitments contained in the Declaration, we can stop and reverse the rising trend of the pandemic.

Our dream is to see researchers coming quickly with a vaccine against HIV/AIDS and a cure in terms of drug therapy against the virus. I subscribe to that dream as well.

The Acting President (*spoke in French*): I call on His Excellency Mr. Beuran, Minister for Health of Romania.

Mr. Beuran (Romania) (*spoke in French*): In our view, the HIV/AIDS epidemic is not only a health policy matter, it is also one of the most serious foreign policy matters, to which, we, the Government of Romania and myself, attach great importance and in which we are determined to become involved.

Romania was at the forefront of AIDS prevention and treatment efforts in Eastern Europe. It was the first country in the region to conclude major agreements on the reduction of antiretroviral drug costs for people stricken with AIDS. Romania launched its AIDS programme in 1995 and mobilized itself to intensify efforts to that end. Today we can be proud of the health-care and monitoring system, which is accessible to all persons infected with HIV/AIDS through a network of advanced technology equipment designed to monitor and evaluate infected persons in nine hospitals — the major HIV/AIDS centres in our country.

At its fifth Board meeting on 6 June 2003, the Global Fund to Combat HIV/AIDS, Tuberculosis and Malaria adopted agreements for non-refundable grants totalling almost $57 million, of which Romania, with

$39 million, is one of the major beneficiaries. Thirty per cent of Romania's grant — $22 million — will go to the work of non-governmental partnerships. The funding will be a good opportunity to intensify prevention efforts in priority areas. Similarly, it will improve treatment, care and support for persons living with HIV/AIDS, especially for the high-risk groups, such as the Roma minority and prisoners.

Romania is the first country to grant tax exemption for all products and services purchased through Global Fund grants. The savings thereby made will free up an additional $3 million for tuberculosis and HIV/AIDS monitoring programmes.

The reason we are here today, as we already know, is that Governments cannot effectively deal alone with the HIV/AIDS problem. That is why public-private partnership is so timely, important and vital. If the international community intends to succeed in the campaign against AIDS and other devastating diseases, such as tuberculosis and malaria, partnership among Governments, the private sector, religious institutions and non-governmental institutions of all kinds is absolutely essential.

AIDS, like terrorism, kills randomly, without discrimination and pity. It is an insidious and implacable enemy that destroys families. It tears apart the social fabric of societies and undermines the very basis of democracy. It can harm the stability of countries and, as we have already seen, it can destabilize entire regions.

By saying what we believe and by providing good examples, we can help decision makers and the public understand that people living with HIV/AIDS should not be treated cruelly or be discriminated against. On the contrary, we should treat them with dignity and compassion.

We believe that the business community is a key element in the framework of emergency plans to treat HIV/AIDS. Partnerships combine the resources and expertise to achieve objectives that no partner can reach alone. The policies and collective actions of various Governments are also crucial to keep the great promises of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

I am convinced that we shall leave this meeting with new solutions to increasing and improving the cooperation that is so essential for the eradication of HIV/AIDS. By working in partnership everywhere throughout the world, we can contribute to ensuring that ignorance is replaced by information, stigma by support and despair by the dream of a better future.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Ana Palacio, Minister for Foreign Affairs of the Kingdom of Spain.

Ms. Palacio (Spain) (*spoke in Spanish*): Today, a terrible and cruel spectre is roaming the world, spreading in its wake suffering, bereavement and helplessness, from New York to Manipur, from Europe to the Caribbean — and Africa, because the scourge of AIDS has taken an especially cruel grip on that suffering continent.

AIDS is the embodiment of all the battles that mark the dawn of the twenty-first century. It presents new challenges, because AIDS is a new pandemic unknown 20 years ago. Its far-reaching implications stem from globalization. However, the challenges are old and tragically known to us all: poverty, underdevelopment, illiteracy. AIDS is thus an all-embracing challenge for the whole of humanity.

At the twenty-sixth special session of the General Assembly on AIDS, an important Declaration was adopted, which has served to channel the international commitment to this struggle since 2001. Two years hence, it is incumbent upon us to reflect on how to revitalize this decisive initiative.

AIDS is first and foremost a human tragedy, which does not distinguish between rich from poor, young from old. Suffering, bereavement and helplessness are compounded by stigmatization, silence and discrimination. Moreover, it has devastating economic consequences, producing deep rifts in the social fabric and, in some cases, it becomes a factor for political destabilization and institutional breakdown in certain very fragile systems.

For this reason, AIDS demands not just integrated national responses, involving efforts of the Government, civil society and the private sector. Combating AIDS cannot stop at the borders of States. We must have decisive, coordinated measures taken on the regional and global levels, through the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We must also act with particular attention in the area of prevention — prevention focused on education

as the most effective instrument and based on information and communication through the new technologies available to us, and which pays particular attention to especially vulnerable sectors of the population.

Let us be clear: AIDS cannot be effectively combated if we do not at the same time fight illiteracy and poverty and work for the resolute social advancement of women, without double standards. It is women who, because of their biological and social roles, require particular health care throughout their childbearing years and who have proved to be the most effective health agents, with a great influence on the family and society.

We have to act urgently and effectively. We cannot vacillate as we seek a fair balance between intellectual property and the universal right to health. Our resolute support to policies of accessibility and essential drugs for all should be the guiding consideration.

We should leave no stone unturned. Creativity is essential. A good example is the Esther initiative, in which Spain is taking an active part, and which partners European hospitals with hospitals in developing countries to improve their organization, management and technical training.

Lastly, international action in solidarity requires the devoted participation and generous contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. My Government, with a significant contribution of $50 million, has also decided to undertake the responsibility of holding a position on the Executive Board. The Fund, moreover, is an example of coordination and effectiveness in the United Nations system of the reform efforts of the Secretary-General and his personal commitment to the global campaign against AIDS. Its innovative nature has represented a fruitful change in the relationship among United Nations funds and programmes.

Building on these approaches with the new ideas that emerge from this and other forums, we must tackle this challenge effectively. It is a challenge for the whole of humanity. We must be aware that this is a long-term effort. However, resolve, decisive measures, real commitment on the part of States, the private sector and the international community are the best weapons that we have. Let us use them without delay. Millions of lives depend on us.

The Acting President: (*spoke in French*): I now give the floor to His Excellency Mr. Juozas Olekas, Minister of Health of the Republic of Lithuania.

Mr. Olekas (Lithuania): At the outset, on behalf of the delegation of Lithuania, I would like to extend our warmest thanks to you, Mr. President, and to the Secretariat for the preparatory work of the session. The Lithuanian delegation is willing to cooperate fully and is ready to make every effort towards the success of this session devoted to reviewing our countries progress in implementing the Declaration of Commitment on HIV/AIDS, recalling that Lithuania was one of the initiators of this very important and significant act.

The presence of modernized infrastructures for both HIV prevention and drug treatment in Lithuania allowed for decisive action, which has been credited with suppressing the initial outbreak of HIV infections among intravenous drug users in the country and keeping the incidence low compared to neighbouring countries. Lithuania's reported HIV infection rates are among the lowest in Europe.

Following the recommendations of the United Nations and World Health Organization, the national AIDS prevention programmes, which are part of priority national public health programmes, have been developed and approved by the Government. We appreciate the partnership with the United Nations Theme Group on HIV/AIDS and especially the United Nations Development Programme in Lithuania in developing a national multisectoral HIV/AIDS prevention strategy.

Lithuania has developed multisectoral strategies to combat HIV/AIDS that include the health, education, labour and science sectors. The Lithuanian AIDS Centre is a functional HIV/AIDS body assisting in the coordination of civil society organizations. Strategies that address HIV/AIDS issues among Lithuanian national uniformed services, including the armed forces and the civil defence forces, are taken into consideration in the National AIDS Prevention Programme.

Lithuania has a general policy of promoting information, education and communication on HIV/AIDS. The law endorsing and promoting reproductive and sexual health education for young people was passed together with a strategy that promotes information, education, communication and

other health interventions for cross-border migrants and groups with high or increasing rates of HIV infection. Policies and strategies to reduce mother-to-child HIV transmission are included in the National HIV/AIDS Prevention Programme for 2003 to 2008. Lithuania has a clear policy and strategy to ensure and improve access to HIV/AIDS related medicines with emphasis on the vulnerable groups.

I would like to take this opportunity to highlight Lithuania's intellectual impact — and cooperation on these issues — in the region, which we base on the best existing practices. Therefore, we strongly support the ideas expressed by the Executive Director of the Joint United Nations Programme on HIV/AIDS, Dr. Peter Piot, that HIV/AIDS low-prevalence countries should not be excluded from active participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria. This is a unique global threat, and the entire world must join together in the fight against HIV/AIDS.

In conclusion, let me express my strong belief that we must continue the allied efforts of our countries to fully show our mutual intention to collaborate in strengthening the global response to the HIV/AIDS epidemic and in accelerating our progress in making an impact on the epidemic.

The Acting President (*spoke in French*): I now give the floor to Mr. Goran Svilanović, Minister for Foreign Affairs of Serbia and Montenegro.

Mr. Svilanović (Serbia and Montenegro): Allow me to thank the Secretary-General for his report on the progress towards implementation of the Declaration of Commitment on HIV/AIDS and for his personal commitment to combating this pandemic, which is already considered to be the worst in the history of humankind.

At the Millennium Summit, our heads of State and Governments resolved to halt and to begin to reverse the spread of HIV/AIDS, by 2015. This commitment was followed by the adoption, at the twenty-sixth special session of the General Assembly, of the Declaration of Commitment on HIV/AIDS, which set out a number of concrete and time-bound goals. These constitute an important framework for our actions in the global fight against HIV/AIDS. Now it is up to us to show that this is not just a Declaration, but a true commitment which will be translated into real actions.

Although there has been some progress in the global response to HIV/AIDS, it is with concern that we have to note the insufficient progress in reducing the number of new cases of HIV infections. The consequences are devastating and alarming. At the end of 2002, it was estimated that 42 million people were affected by HIV/AIDS. Millions of people have lost their lives, and so far there are 14 million children under the age of 15 who have lost one or both parents to this disease. These figures and the social, economic and political consequences of the pandemic clearly show that the HIV/AIDS pandemic has become a global emergency that threatens the security and development of all countries. This emergency requires an energetic HIV/AIDS response, based on collective action by all countries, through international cooperation and with the ultimate goal of raising it to the level needed to achieve the Declaration's targets.

We believe that the United Nations should address this challenge through strengthened inter-agency collaboration, especially at the country level, with a view to ensuring the most effective use of resources. The most valuable roles are those of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has evolved as a viable mechanism for financing HIV/AIDS programmes and other health programmes in developing countries. However, we note with concern that, to date, the Global Fund has only received some $4.6 billion in financial pledges, clearly indicating that the global funding for HIV/AIDS programmes will fall short of the estimated $10.5 billion required annually by 2005. In our view, major efforts are needed to increase attempts to mobilize resources for the Fund.

The severity of the problem is obvious, not only in Africa and Central Asia, but in Eastern Europe as well, where we are experiencing the world's fastest growing HIV/AIDS epidemic. In 2002 there were an estimated 250,000 new infections in the region, bringing the number of people living with HIV/AIDS to 1.2 million.

In Serbia and Montenegro, in the period between 1985 and 2001, there were more than 10,000 HIV positive cases, and the greatest number of fatalities during this time was recorded in 2002. The vast majority of these reported infections are among young people, mostly drug addicts. The number of drug addicts and HIV/AIDS infected persons is on the rise in

all segments of the population, including under-age persons, with the age barrier dropping even to the level of elementary school pupils. Also, there is an increase in HIV/AIDS transmission among persons whose methods of transmission are undetermined, making the epidemiological situation even worse.

In Serbia and Montenegro, commissions on HIV/AIDS have been established at the level of the republics. They are working out national strategies for the fight against HIV/AIDS, educating medical workers, introducing programmes in schools, conducting public awareness campaigns, controlling vertical transmission — or the virus passing from mothers to children — and preventing the infection's spread within vulnerable groups. Serbia and Montenegro has established cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We believe that the protection and promotion of human rights are among the core principles in an effective response to HIV/AIDS. Despite the fact that, at the international and national levels, appropriate measures have been taken to promote the human rights of infected persons and to prevent discrimination, a lot more needs to be done to overcome the stereotyping of — and degrading attitudes towards — these persons.

The United Nations, its Member States, international specialized agencies and non-governmental organizations should redouble their efforts and cooperation in the field of ensuring the rights of persons affected by this disease. This means that we have to come up with prevention and treatment programmes, make treatment accessible to all and work out education programmes, as we seek to include HIV/AIDS patients in everyday life.

Finally, I wish to emphasize once again the great importance that my Government attaches to the efforts to fight the HIV/AIDS pandemic and to reaffirm the commitment we made at the twenty-sixth special session of the General Assembly on the issue of HIV/AIDS in all its aspects at the national, regional and international levels. We believe that the alarming magnitude and spread of this deadly disease urgently requires focused and concerted action on the part of all nations.

The Acting President (*spoke in French*): I now give the floor to Dr. Mam Bunheng, Minister of State and Chairman of the National AIDS Authority of the Kingdom of Cambodia.

Mr. Bunheng (Cambodia): First of all, on behalf of the royal Government of Cambodia, I am very delighted to have the privilege to come to this meeting and report on our country's progress in responding to HIV/AIDS since we joined the other States and Governments at the General Assembly's special session on HIV/AIDS in June 2001 and signed the Declaration of Commitment on HIV/AIDS. Today I would also like to convey special and heartfelt thanks from His Majesty Norodom Sihanouk, King of Cambodia, and from Samdech Hun Sen, Prime Minister of the Royal Government of the Kingdom of Cambodia, to the United Nations, the international community, and to all present here for the support provided to Cambodia in the fight against HIV/AIDS.

In Cambodia, the combined efforts of the Government, the private sector and civil society, including people living with HIV/AIDS, have attracted attention and received recognition from the international community due to their initial success. From the projections model, it is estimated that, as of 2002, at least 700,000 lives had been saved from this fatal infection. However, we are still very cautious about the course of the HIV/AIDS epidemic, and we are continuing our efforts both to prevent and to provide care and treatment.

We consider HIV/AIDS to be a silent killing field, with consequences that can wreak complete devastation on our country. HIV/AIDS has therefore been recognized as a national priority and has been integrated into development plans such as Socio-Economic Development Plan II (SEDP II) and the National Poverty Reduction Strategy (NPRS).

Prevention efforts have resulted in a reduction of new infections. The countrywide 100 Per Cent Condom Use Programme is seen as a model for South-east Asia. In order to expand access to care and treatment, the Ministry of Health has developed the Continuum of Care policy, which strengthens the health-care system in the area of the provision of HIV-related drugs and other services. In the context of all these efforts, the rights of people infected or affected by and vulnerable to HIV/AIDS are respected.

A Code of Conduct to implement the law has just been drafted, and community counsellors are working with civil society to reduce stigma and discrimination.

One of the major challenges we face is the growing number of orphans. Wats and pagodas are

doing excellent work in providing care and nurturing to orphans. Other community-based alternatives are also being explored.

The multisectoral and comprehensive approach adopted in the framework of the National Strategy Plan includes attention to reducing vulnerability.

In the era of HIV/AIDS, for a sustainable response to this epidemic, social responsibility and the social safety net will also need to be strengthened. This will involve the participation of the individual and the family, who need to move from being passive to actively changing their behaviour and beliefs in the context of the combat against HIV/AIDS.

Lastly, on behalf of the Royal Government of Cambodia, let me say that I am very grateful to United Nations initiatives giving Cambodia access to substantial support, including the opportunity to access the Global Fund to Fight AIDS, Tuberculosis and Malaria. In meeting this challenge, we strongly believe that, working together, we will not fail to protect the vulnerable, the voiceless, the powerless, the sick and the orphaned, because we cannot afford to lose our beloved people. In this way we can prevent the pain, sorrow and losses of the past from coming back to us.

The Acting President (*spoke in French*): I now call on His Excellency the Honourable Tyrone Fernando, M.P., Minister for Foreign Affairs of Sri Lanka.

Mr. Fernando (Sri Lanka): I am honoured to address, on behalf of the Government of Sri Lanka, this high-level plenary meeting of the General Assembly on HIV/AIDS. Our main focus at this meeting is to review and debate the progress made in the implementation of the Declaration of Commitment on HIV/AIDS, adopted by the twenty-sixth special session of the General Assembly in 2001. In this regard, we would like to thank the Secretary-General for his comprehensive report on the progress achieved in realizing the commitments set out in the Declaration. It is our task to identify problems and constraints and to formulate recommendations to achieve further progress in implementing our commitments.

The global HIV/AIDS epidemic is no doubt one of the gravest challenges to human security. HIV/AIDS not only threatens the very existence of humankind, the social fabric of communities and the political stability of nations, but also seriously undermines every nation's ability to pursue economic development.

Transnational global challenges such as HIV/AIDS can be addressed effectively only through collective, integrated, long-term measures and strategies. The United Nations therefore has a crucial role to play in this respect.

AIDS is no longer a simple public health issue. Every sector of society in affected areas has been adversely impacted by the epidemic in one way or the other. AIDS threatens to roll back decades of social progress and economic development, and has become a fully fledged development crisis. A multidimensional crisis such as this requires a multisectoral response.

The Government of Sri Lanka is fully committed to the prevention and control of HIV/AIDS and has accorded the highest priority to achieving that goal by gearing up the health sector as well as other related ministries, agencies and civil society. The prevention of HIV/AIDS is a critical area that needs particular attention. The Government of Sri Lanka has accordingly launched the National STD/AIDS Control Programme under the auspices of the Ministry of Health.

The Government of Sri Lanka has adopted a multisectoral approach, which I mentioned earlier, to expand partnership, facilitate policy development and mobilize resources of other key stakeholders. These sectors include those of education, labour, tourism, armed forces, law enforcement, justice, media and information. We have placed special emphasis on education and information through our schools and our radio and television networks.

Some of the key achievements so far have been: participation of sectors such as labour, youth and education and the military in national prevention efforts; expansion of the treatment of sexually transmitted diseases through the construction of new clinics; meeting staffing and equipment norms in the establishment of outreach Programmes; upgrading of blood banks; provision of screening of all donated blood for HIV, syphilis and hepatitis B.

Despite the low prevalence of HIV/AIDS in Sri Lanka, where the rate of infection is estimated at 0.07 per cent — about 4,000 persons out of a population of 90 million — there are still a number of risk factors which could lead to the further spread of the infection.

There is a need for concerted action to enhance awareness of the dangers of HIV/AIDS, with particular focus on vulnerable groups such as migrant workers, internally displaced people, commercial sex workers, and so on. A sustained effective campaign for prevention requires strengthening the partnerships between the Government of Sri Lanka and United Nations agencies, donors, non-governmental organizations and religious and private-sector leaders.

We welcome very much the recent decision of the World Trade Organization which paves the way for making antiretroviral drugs accessible and affordable to millions of HIV/AIDS patients, particularly in the developing countries. This is a good indication of what concerted action by the international community can achieve.

HIV/AIDS respects no international borders. It does not discriminate by nationality, race, gender, or religion. Human behaviour and social conditions that spread the virus are present in all countries, whether developed or developing. AIDS is a single fatal infectious disease that adversely affects every one of us, creating a social crisis on a global scale that probably has not been experienced before. As called for in the Declaration of Commitment on HIV/AIDS in June 2001, let us be united through collaborative approach to address the global crisis through global action.

In conclusion, I should like to reiterate the Sri Lanka Government's commitment to pursue a truly multisectoral response to prevent the currently low prevalence of infection from expanding into the general population through affected groups with high-risk behaviour. Our Government is also determined to continue to provide the necessary leadership in a sustained campaign against HIV/AIDS.

The Acting President (*spoke in French*): I call on Mr. Roger Boynes, Minister of Youth and Sport Affairs of the Republic of Trinidad and Tobago.

Mr. Boynes (Trinidad and Tobago): Despite significant progress in some areas in the global response to HIV/AIDS, the challenges posed by this pandemic remain as insurmountable as ever. The effects wrought by this scourge in terms of the destruction and potential destruction of human lives, societies and economies are analogous to those of the First World War and the Second World War combined. Who knows how the long-term effects of the HIV/AIDS pandemic will ravage humanity?

In the case of Trinidad and Tobago, the prevalence rate for HIV is 1.2 per cent, and in the 15-to-19-age group it exceeds 4 per cent. What is of even greater concern is that, within that age group, the rate of infection among young women is more than three times higher than that of young men.

The prognosis for the Caribbean as a whole is that, in the absence of effective responses, the negative impact on life expectancy, the dissolution of households and, ultimately, the erosion of the quality of life will be intensified. HIV/AIDS poses a serious threat to national development.

The Secretary-General, in his report on the implementation of commitments, noted that "unprecedented resolve and intensified efforts will be required to raise the HIV/AIDS response to the level needed in order to achieve the Declaration's targets". In that regard, our Government, at the highest political level, is totally committed to overcoming this grave multidimensional problem.

To that end, a multisectoral task force has been established by the Prime Minster himself, with a mandate to coordinate all aspects of the preparation and the implementation of a programme to address all aspects of HIV/AIDS. The Government has developed a National Strategic Action Plan, which provides a comprehensive framework for the national response.

The Government is also increasing its funding for the treatment and the prevention of HIV/AIDS, particularly through the provision of increased resources to non-governmental organizations involved in the testing and care of persons living with HIV/AIDS. The work of the task force will be facilitated by a National AIDS Coordinating Committee Secretariat.

An important focus of the Government's action to fight AIDS is the development of a youth-led approach. The Government has become more actively engaged in the areas of youth health through, for example, the creation of youth-friendly, youth-managed health service facilities, where young people can acquire information on health and be tested for HIV/AIDS. In fact, a recent youth rally celebrating International Youth Day and sponsored by the Government was successful in educating the young people of our nation

about the fight against AIDS and in highlighting the importance of urgent action in that regard. At the rally, many young people chose to be tested at ad hoc facilities set up along the Brian Lara Promenade in the capital city of Port of Spain, rather than at a traditional health facility.

The Government is committed to spending approximately $80 million over the next five years on all aspects of its campaign against HIV/AIDS, sourced from local revenue, World Bank loans and other facilities available internationally. A Project Coordinating Unit, with the institutional support of the United Nations Development Programme, is being set up within the Office of the Prime Minister and will be responsible for overseeing the implementation of a $20 million World Bank loan for HIV/AIDS prevention and control.

With those committed resources, the Government intends to significantly expand access to comprehensive care and treatment, reduce the costs of HIV/AIDS drugs through appropriate State subsidies, provide antiretroviral drug treatment to persons living with HIV/AIDS, expand the programme for the prevention of mother-to-child transmission and construct two additional world-class walk-in AIDS testing facilities. It will allocate funding to the Medical Research Foundation of Trinidad and Tobago headed by Professor Courtenay Bartholomew, a distinguished research pioneer in the HIV/AIDS field. Those measures demonstrate clearly our Government's commitment to fulfil its obligations under the Declaration of Commitment on HIV/AIDS.

The battle against HIV/AIDS can be won only through the collaborative efforts of each and every member of the international community. We must battle this disease with everything that we have, utilizing all resources available to us. We need to recommit and rededicate ourselves to the struggle against the spread of HIV/AIDS on our planet.

The Acting President (*spoke in French*): I call on Mr. Abubakr Al-Qirbi, Minister for Foreign Affairs of the Republic of Yemen.

Mr. Al-Qirbi (Yemen) (*spoke in Arabic*): I wish at the outset to congratulate the President of the General Assembly at its fifty-eighth session and to express my confidence in his diplomatic skill, which will lead to the success of this session.

The Republic of Yemen is participating in these special meetings of this important international body, which is taking place to ensure follow-up to the outcome of the twenty-sixth special session of the General Assembly and to take stock of the implementation of the commitments undertaken by the international community to fight AIDS. We believe that the substantial participation in these special meetings demonstrates the international community's awareness of the importance of strengthening cooperation and partnership in all areas in order to combat this deadly disease, reduce infection and vulnerability to AIDS and make necessary retroviral treatment and drugs accessible. This can happen only if necessary resources are mobilized to support such efforts.

In the 1980s — only a few years after the appearance of the disease — we established national anti-HIV/AIDS programmes in Yemen. In the 1990s, we set up a high-level committee to combat the disease and to prepare studies to guarantee the safety of blood transfusions and to study epidemiological phenomena. Fighting HIV/AIDS was part of the five-year plans for 1996 to 2000 and for 2001 to 2005. Facing alarming prospects with the appearance and spread of the epidemic, Yemen was among the first States in the region to elaborate a national HIV/AIDS prevention strategy comprising a series of anti-AIDS measures and a precise timetable that we have strictly adhered to in our national plans. Here, we should like once again to express the hope that our strategy will win support from the United Nations.

Mr. Alimov (Tajikistan), Vice-President, took the Chair.

But our efforts have not been limited to the Government only; we made room for participation by civil society and at the levels of planning, legislation and scientific research in order to assist the efforts of the Ministry of Public Health and Population.

In that context, since Yemen is one of the least developed countries, I should like to refer once again to the difficulties that developing countries are encountering in providing necessary financial resources to halt the spread of the epidemic at the national and international levels. Because of such difficulties, the Secretary-General requested that a global fund be established whose resources would be allocated to fighting devastating epidemics and diseases. We ask the international community to show its political

resolve by providing us with the resources needed to combat this epidemic, which threatens all of humanity. We are optimistic at encouraging signs that the Global Fund will be renewed, including President Bush's statement that his country will increase its participation in international anti-AIDS efforts and statements made by a number of European countries.

Yemen believes that, together with international public efforts, we must mobilize national and international private sectors. It is absolutely necessary that we ensure coordination of all anti-AIDS activities, be they national or international — particularly relevant United Nations funds and programmes.

In conclusion, on behalf of Yemen, I thank the United Nations for the role it has played in helping our country to strengthen its national capacity to fight AIDS effectively. I thank in particular the United Nations Population Fund and all other United Nations specialized agencies working in our country.

The Acting President: We have heard the last speaker in the debate for this meeting.

I should like to inform members that, for technical reasons, the Assembly will adjourn its fifth plenary meeting at this time. Delegates are requested to remain seated, because the sixth plenary meeting will begin immediately after the adjournment of this meeting.

The meeting rose at 9.05 p.m.